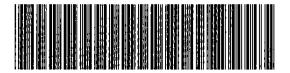
L11000040135

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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03/31/11--01024--025 **125.00

EFFECTIVE DATE 04-01-11

TALLAHASSEE FLORIDA

B. BOSTICK
APR 4 2011
EXAMINER

COVER LETTER

10: Registration of	n Section Corporations		
SUBJECT:	Becon Group	LLC	
SOMEOI!	Name of Limit	ed Liability Company	
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	
Please return all com	espondence concerning this matt	er to the following:	
	Marc Carpinie	ello	
		Name of Person	
	Becon Group	LLC	
		Firm/Company	
	1507 N State	Road 7	TALL SELI
 -		Address	PR
	Margate FL 33	3063	-4 ASS
		/State and Zip Code	E P
<u>. </u>	bauer2987@be	Ilsouth.net or future amual report notification)	
For further informati	on concerning this matter, please	•	ATE ORIDA
Marc Carpi	niello	at (954) 695-3367	
Nai	ne of Person	Area Code & Daytime Telephone Nun	nber
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certifie	0 Filing Fee, cate of Status & ed Copy
see ooc 100 2110 000 186	93		nal copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabasea, FL 32201	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam			
The name of the Lir	nited Liability Company	y is:	
	Becon (Group LLC	
(Mus		Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ado	lrece.		
		ic principal office of the Limited Lial	bility Company is:
Principal Office A	ddress:	Mailing Address:	
1507 N State I Margate FL 3		1507 N State Road 7 Ste Margate FL 33063	3
(The Limited Liability Conbusiness entity with an ac	mpany cannot serve as its own I ctive Florida registration.)	ered Office, & Registered Agent's & Registered Agent. You must designate an individual the registered agent are:	Signature: nal or another
	Marc Carpini	ello	
•	Name		APR-4
	1507 N State R	oad 7 Ste J	
•	Florida stree	et address (P.O. Box NOT acceptable)	
	Margate	FL 33063 y, State, and Zip	PH IN A COF SASIN
	Cit	y, State, and Zip	5 ₽ %
liability compan registered agent an statutes relating to	ny at the place designated ad agree to act in this cap o the proper and comple	d to accept service of process for the a d in this certificate, I hereby accept the pacity. I further agree to comply with the te performance of my duties, and I am registered agent as provided for in Ch	appointment as the provisions of all familiar with and
	Man La	am lle	
	Registered Agent's	ignature (REQUIRED)	
	(CON	TINUED)	

Page 1 of 2

ARTICLE	IV-	Manageri	(8)	or i	Managin	ø N	Jember	(s)	١:
	I .	1114114201		•			TOTAL DOS		

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGRM	Marc Carpiniello		
	1507 N State Road 7 Ste J		
	Margate FL 33063		
MGR	Genia B Fromm		
	73 Tamarack Drive		
	Thornhill Ontario CND L3T-4W2		
	FAL	=	
	70	APR	and the same of
		ž I	**************************************
	SSE SSE		2
		2	
	÷ s		
(Use attachment if necessary)	DRID	8 1:1	
•			•
ARTICLE V: Effective date, if other than the date	e of filing: April 01, 2011 (OPTIOI	,	
(If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	ecific and cannot be more than five business of	ıays pı	rior
ARTICLE UI (OUR TA)	x 10 # is 45-120	62	696
REQUIRED SIGNATURE:	J 12		
Signature of a member or	an authorized representative of a member.		
constitutes an affirmation under the	(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true, on submitted in a document to the Department of State provided for in s.817.155, F.S.)		

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Marc Carpiniello

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 1, 2011

MARC CARPINIELLO 934 N UNIVERSITY DRIVE #244 CORAL SPRINGS, FL 33071

SUBJECT: DJM GROUP LLC Ref. Number: W11000018693 11 APR -4 PM 1: 48
SECKERARY OF STATE
TALL AHASSEE, FLORIDA

We have received your document for DJM GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P10000044706.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 511A00007982

11000040135con Group LLC

1507 N STATE ROAD 7 MARGATE FL 33063 (954) 695-3367

FACSIMILE MESSAGE

THIS MESSAGE IS INTENDED ONLY FOR THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL OR OTHERWISE PROTECTED FROM DISCLOSURE UNDER STATE AND FEDERAL LAW. IF YOU ARE NOT THE INTENDED RECIPIENT OF THIS MESSAGE OR THE PERSON AUTHORIZED TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION OR THE INFORMATION IT CONTAINS IS PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN ALL COPIES OF THE MESSAGE TO US AT THE ABOVE ADDRESS VIA THE UNITED STATES POSTAL SERVICE, THANK YOU.

TO:

Ms. Barbara Bostick

DATE:

April 4, 2011

FIRM:

FL DOS Division of Corporations

FAX NO:

850-245-6030

FROM:

Marc Carpiniello

TOTAL PAGES:

3

RE:

Document No. L11000040135 -Becon Group LLC Profile - Revised EIN

MESSAGE:

>>> Please hand-deliver to Ms. Bostick - thank you! < < <

Dear Ms. Bostick -

Thank you for processing Becon Group's corrected articles so quickly - I really appreciate it.

We had to obtain a new EIN for the company – per the attached confirmation letter from the IRS, it is 45-1442837.

Please be so kind as to update Becon Group's profile accordingly.

Again, thanks for all of your help,

- Marc

954-960-6050

L11000040135

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TI APR -5 AM 8: 38

SLURL GOT OF STATE
TALLAHASSLE, FLORID