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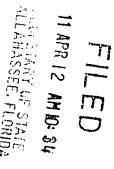
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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D. BRUCE

APR 1 3 2011

EXAMINER

COVER LETTER

TO:	Registration of	on Section f Corporations				
SUBJ	ECT: Dav	vis Beck Consulti	ng, LLC			
		Name of Limit	ted Liability Company			
The er	nclosed Article	es of Organization and fee(s) are	submitted for filing.			
Please	return all con	respondence concerning this mat	tter to the following:			
	Julie D	Davis Beck				
			Name of Person			
	Davis	Beck Consulting,	LLC.			
		-	Firm/Company	*******		
	4624 H	Harbour Village Bl	vd #4402	Fig.	<u></u>	pr419
			Address		33	
	Danas li			A SEE	12	Ī
	Ponce I	nlet, Florida 32127	ty/State and Zip Code	<u> </u>	700 J.K.	T
	Julie@B	Becknme.com	tyrotate and zap code	FLORIDA	5	(
	ouno e b		for future annual report notification)		क्	-
For fu	rther informat	ion concerning this matter, pleas	e call:	>		
Julie	e Davis B	Beck	at (312) 953-1368			
	Na	ame of Person	Area Code & Daytime Teleph	ione Number		
Enclo	sed is a chec	k for the following amount:				
□ \$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fer Certificate of Statu Certified Copy (additional copy is enc	ıs &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	rele		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	s:
Davis Beck Consulting, LL (Must end with the words "Limited Lial	
ARTICLE II - Address:	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4624 Harbour Village Blvd., #4402 Ponce Inlet, Florida	4624 Harbour Village Blvd., #4402 Ponce Inlet, Florida
32127	32127
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registeries entity with an active Florida registration.)	istered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Julie Davis Beck	S2: = 3
Nam	e SA N
4624 Harbour Vill	age Blvd., #4402

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

City, State, and Zip

Florida street address (P.O. Box NOT acceptable)

_{FL} 32127

Registered Agent's Signature (REQUIRED)

Ponce Inlet

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Julie Davis Beck
	4624 Harbour Village Blvd., #4402
	Ponce Inlet, FL 32127
MGRM	Crain Book
TATAL TITLE	Craig Beck
	4624 Harbour Village Blvd., #4402
	Ponce Inlet, FL 32127
(Use attachment if necessary)	
CLE V: Effective date, if other than the	e date of filing: (OPTIONAL) be specific and cannot be more than five business days p
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days p
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days p
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document, er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document, er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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