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2011 APR 28 M 9: 86 SECRETARY OF STATE TALLAHASSEE, FLORIDA

C. LEWIS

APR 2 9 2011

EXAMINER

COVER LETTER

TO:	Registratio Division of	n Section Corporations		• •		
~ SUBJI	ECT. Bee	Dry Water & Sewa	age Restoration Inc.			
5020			ed Liability Company	····		
The en	closed Article	s of Organization and fee(s) are	submitted for filing.			
Please	return all corr	espondence concerning this mat	ter to the following:			
	Dave S	ecrest				
			Name of Person			
	Bee Dr	y Water & Sewage	Restoration Inc.			
	Firm/Company					
	17010 Alico Commerce Court #207					
			Address			
	Fort Mye	rs, Florida 33967				
			y/State and Zip Code			
	beedryws	r@hotmail.com	for future annual report notification)			
For fire	thar informati	·	•			
ror lur	uier informati	on concerning this matter, pleas	e can:			
Dave Secrest			_at (239 <u>823-4358</u>			
	Na	me of Person	Area Code & Daytime Tele	phone Number		
Enclos	sed is a check	for the following amount:				
S125.00) Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional 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 C Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bee Dry Water & Sewage Restoration (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
17010 Alico Commerce Court #207 Fort Myers, Fl. 33967	13650 Fiddlesticks Blvd Ste.2 Fort Myers, Fl. 33912	202-291
	ss of the registered agent are:	
	Name	H6 - 100
4529 Dalma	ahoy Court #605	A STATE OF THE STA
Floric	la street address (P.O. Box NOT acceptable)	ATE ARIDA
Fort Myers	_{FI.} 33916	D
	City, State, and Zip	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

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

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

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		SECRETARY OF STATES	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
'MGR"	Dave Secrest		
	4529 Dalmahoy Court #605		
	Fort Myers, Fl. 33912		
		<u></u>	
<u> </u>			
(Use attachment if necessary)			

ARTICLE V: Effective date, if other than the date of filing: 25 April, 2011 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

DAVE SECREST

Typed or printed name of signee

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)