12000016169

(Request	or's Name)
(Address)
(Address)
(City/Stat	e/Zip/Phone #)
PICK-UP [] WAIT MAIL
(Busines:	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
	EB 0 2 2012
L.	SELLERS

Office Use Only



600220059736

02/03/12--01001--008 **125.00

12 FEB -2 PM 3: LO

ONVISION OF SOME PROMISION
TALL GHASSEE, FLORIDA

RECEIVED

12 FEB +2 PH 4: 11

COVER LETTER

TO:	Registratio Division of	n Section Corporations		
		·		
SUBJE	CT: _1	Peacon Irans P Name of Limited	·	
		Name of Limited	Liability Company	
Tri .		60 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14-1 C CII	
i ne enc	iosea Article	s of Organization and fee(s) are sub	mitted for filing.	
Please r	eturn all corr	espondence concerning this matter	to the following:	
		Filwa	rd Moren U	
-	 	No.	ame of Person	
-		Fi	irm/Company	
		•		
_		7800 Irus	ennere Blud Address	·
	,	Jacksonuille. F City/s edwardmorence E-mail address: (to be used for	16-32244	
-	····	City/S	tate and Zip Code	1
_		edwardmoren	51971 Bholmai	1.com
		E-mail address; (to be used for	future annual report notification)	
For furt	her informati	on concerning this matter, please ca	ali:	
	= 1.	1 100-00	9-4 272-	1751
	Na OLLA	rd Moreno	at (/ C) 2. 3 7 Area Code & Daytime Telep	phone Number
Enclose	ed is a checl	for the following amount:		
\$125.00	Filing Fee	\$130.00 Filing Fee &	\$155.00 Filing Fee &	\$160.00 Filing Fee,
	· ·	Certificate of Status	Certified Copy	Certificate of Status &
			(additional copy is enclosed)	Certified Copy (additional copy is enclosed
		Mailing Address	Street/Courier Address	
		Registration Section Division of Corporations	Registration Section Division of Corporations	
		P.O. Box 6327	Clifton Building	
		Tallahassee, FL 32314	2661 Executive Center C Tallahassee, FL 32301	ricie

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	;	·
Beacon Trans (Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
7800 Invernere Bluk Jackson ville - FC	SAME	
Jackson villo - FC 32244		
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi business entity with an active Florida registration.)	stered Agent, You must designate an ir	
The name and the Florida street address of the		
Name	riopenu	
7800 Invernore	Blud	
Florida street ad beh con 1/len City, S	Morenu Blud Idress (P.O. Box NOT acceptable) FL 32241 tate, and Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete paccept the obligations of my position as reg	accept service of process for this certificate, I hereby acceptly. I further agree to comply verformance of my duties, and i	the above stated limited of the appointment as with the provisions of al I am familiar with and
	nture (REQUIRED)	12 FEB +2 NELVIHASSE
(CONTIN	NUED)	
Page 1 of	rg	

<u>[Title:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGRM	Edward Marino
	7800 Frence DIL
	Fdward Moreno 7800 Frence BILL Jackson/Le-FC 322411
	
	
Use attachment if necessary)	
F. V.: Effective date if other than	the date of filing: (OPTION
fective date is listed, the date mu	st be specific and cannot be more than five business da
days after the date of filing.)	
	1
REQUIRED SIGNATURE:	
	$\sim 10^{-1}$
	mber or an authorized representative of a member.

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)

and mareno
Typed or printed name of signee