## 1200018043

(R	equestor's Name)	
(Ad	ddress)	
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(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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G. MCLEOD

APR - 9 2012

**EXAMINER** 



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## **COVER LETTER**

TO: Registration Section Division of Corporations	The second secon
SUBJECT: Beeman Coston Carpe  Name of Limited Liability Compar	entry LLC
The enclosed Articles of Organization and fee(s) are submitted for filing	•
Please return all correspondence concerning this matter to the following:	
MARK FIBERT Beens	<i>N</i>
Beeman Custom Carpent	of CC
4943 SEBAYShore Terra	ce
Strart Fl 3496  City/State and Zip Code  Beedaman 400 @ 44hov · C  E-mail address: (to be used for flature annual report	
For further information concerning this matter, please call:	· · · · · · · · · · · · · · · · · · ·
MACK Becman at (772) Name of Person Area Code	660 - 7910 & Daytime Telephone Number
Enclosed is a check for the following amount:	·
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status Certified Cop	y Certificate of Status &
Mailing Address Street/Con Registration Section Registration	urier Address on Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Beeman Custom Carpentr (Must end with the words "Limited Lia				
ARTICLE II - Address: The mailing address and street address of the		oility Company is:		
Principal Office Address:	Mailing Address:			
4943 SE Bayshore Terrace Stuart, FL 34997	4943 SE Bayshore Terrace Stuart, FL 34997			
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Re- business entity with an active Florida registration.)	red Office, & Registered Agent's S gistered Agent. You must designate an individu	Signature:		
The name and the Florida street address of the	e registered agent are:	2000年		
Corporate Creations Network Inc.		APR		
Name		6		
11380 Prosperity F	Farms Road #221E			
Florida street	address (P.O. Box NOT acceptable)			

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.

Diana Urrego, Special Secretary

City, State, and Zip

gistered Agent's Signature (REQUIRED)

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Me	Name and Address:
MGRIVI - Wallaging ME	MARK E. Beeman 4943 SE Bayshore Terrace Short Fl 34997
(Use attachment if necessar	
ARTICLE V: Effective date, if oth	er than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prior
<u>required</u> signatur	May 108
	of a member or an authorized representative of a member.
(In accordance with	section 608.408(3), Florida Statutes, the execution of this document

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)

MACK E Beeman

Typed or printed name of signee

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