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(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE
AND AND SEEF FI ORIDA

C. LEWIS

MAY 2 9 2012

EXAMINER

COVER LETTER

Registration Section

TO:

Division of Corporations	epine 1	
SUBJECT: Pittman Beck Rentals L	LC	
Name of Limited Lia	bility Compa	any
The enclosed Articles of Organization and fee(s) are submi	tted for filing	3 .
Please return all correspondence concerning this matter to t	the following	
Paula Y. Pittman		
Name	of Person	
Pittman Beck Rentals LLC	;	
, Firm/	/Company	
531 East El Paso Ave		
A	ddress	
Clewiston, Fl 33440		
City/State	and Zip Code	
paula.pci@embarqmail.com		
E-mail address: (to be used for futu	ire annual repo	ort notification)
For further information concerning this matter, please call:		
Paula Y. Pittman	863	983-6300
Name of Person	Area Code	& Daytime Telephone Number
Enclosed is a check for the following amount:		
Certificate of Status	155.00 Filir Certified Co additional cop	py Certificate of Status &
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton E 2661 Exe	courier Address ion Section of Corporations duilding ecutive Center Circle see, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	IC	LE	I-	N ₂	m	e.	•

The name of the Limited Liability Company is:

Pittman Beck Rentals LLC

(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:	
531 East El Paso Ave	531 East El Paso Ave	
Clewiston, FI 33440 Clewiston, FI 33440		
		dual or another
James L. Pittr	man	25 E
	Name	SEPT SEPT
531 East E	El Paso Ave	F ST
Florio	da street address (P.O. Box NOT acceptable)	절길 %
Clewiston,	_{rr} 33440	DA.

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED.

The name and address of each Manag	ger or Managing Member is as fo	ollows: 12 MAY 25 AM 10: 35
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGRM	James L. Pittman 531 East El Paso Ave. Clewiston, Fl 33440	
MGRM	Derek E. Beck PO Box 1559 LaBelle, FI 33975	
MGRM	Paula Y. Pittman 531 East El Paso Ave. Clewiston, Fl 33440	

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

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5-23-20/2. (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.)

all Dillman 1

Typed or printed name of signe

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)