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CRETARY OF STATE

C. LEWIS

MAR 1-1 2013

EXAMINER

## COVER LETTER

TO: r Registration Section
Division of Corporations

SUBJECT: Bevrep, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all corresp	ondence concerning this matte	er to the following:	
Ronald	B. Davis		
		Name of Person	
Bevrep	, LLC		
<del>- · · · · · · · · · · · · · · · · · · ·</del>		Firm/Company	
125 Le	e Byrd Road	·.	
		Address	
Loganv	ille, GA 3005	2	
	City	y/State and Zip Code	
rondavis@	bevrep.com		
	E-mail address: (to be used f	or future annual report notification)	
For further information	concerning this matter, please	call: 12	
john hersn	nan	770 554-54	77
Name	of Person .	Area Code & Daytime Telep	hone Number
Enclosed is a check f	or the following amount:		
\$125.00 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 Cl	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	:	
Bevrep, LLC		
(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	orincipal office of the Limited Liability Compa	my is:
Principal Office Address:	Mailing Address:	
445 Corday Street	PO Box 2626	
Pensacola, FL 32503	Loganville, GA 30052	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another	SECRETA DIVISION OF
The name and the Florida street address of the	registered agent are:	FAR.
NRAI SERVICES, INC.		- 8 CO
515 East Park Avenue		OF STATE REPORATION: 46
Florida street ad	idress (P.O. Box <u>NOT</u> acceptable)	
Tallahassee, FL 32301	FL,	<b>6</b> *
City, S	itate, and Zip	
		2

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)

Larita Parey, Accistont Secretary

(CONTINUED)

Page 1 of 2

'MGR" = Manag	•	naging Member(s): ger or Managing Member is as  Name and Address:	2013 MAR -8	
'MGRM" = Man	aging Member			
MGRM		Ronald B. Davis		•
	<u>-</u>	127 Lee Byrd Road		—
		Loganville, GA 30052		—
				_
	<del>- •</del> ··			
<del></del>	<del></del>			
· <del>-</del> ·	<del></del>		<del></del>	_
LE V: Effective	date, if other than th	ne date of filing:	. (OP	LION
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