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(Re	questor's Name)	•
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JOHN- 6. BEATTY II L.L. & Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing
Please return all correspondence concerning this matter to the following:
John 6. Bedtty II
John 6. Bedty II Name of Person John 6. Bedtty II L.L.C. Firm/Company
1757 Oleander pl
Jacksonville FL 32210 City/State and Zip Coce
john best ty 66 @ yalwo E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John g. beath, I atr 904 571-1638 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee

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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name.

The name of the Limited Liability Company is:

JOHN 6. BEATTY IL L. C. 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	Š.
Principal Office Address: Mailing Address:	
1757 Oleander pl Jacksonville FL 32210 Jacksonville FL 32210	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or anotablusiness entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	ACCEPT TO SERVICE TO S
Jacksohvi (le FL 322 Lo City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stated limit uability 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)

Page 1 of 2

tle: IGR" = Manager	Name and Address.
IGRM" = Managing Member $ \underbrace{\qquad \qquad \qquad }_{\qquad \qquad \qquad } G R $	John G. Bedt ty II 1757 Oleander pl. Jacksonville FC
	
	= = =

ARTICLE V: Effective date, if other than the date of filing

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business day 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.

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.)

Typed or printed name of signed

•

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)