(Requ	estor's Name)			
(Addr	ess)			
(Addr	ess)			
(City/s	State/Zip/Phon	ne #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				
	·			

Office Use Only



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₩ TO:

COVER LETTER

~ TO:	Registration S Division of Co			
SUBJI	ECT: OR	eg Belc Prof.	Installiption LL	
		Name of Lim	ited Liability Company	•
The en	closed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this ma	tter to the following:	لمد
	G.R	leg Bell &	l _{ess} .	
			Name of Person	
		,	Firm/Company	\$350 \$450
	877	Jessica	st	### ##################################
			Address	
	Tallah	gssec Fla	32305	
		C	City/State and Zip Code	
		E-mail address: (to be used	i for future annual report notification)	
For fu	ther information	concerning this matter, pleas		
Jol	14 GiB	ck	at (<u>\$50</u>) <u>36B - 9</u> Area Code & Daytime Telepi	468
	Name	e of Person	Area Code & Daytime Telepi	ione Number
Enclo	sed is a check t	for the following amount:		
4 \$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 Ci	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	/ is:
GREG BEK Prof. In (Must end with the words "Limited I	Stallation LLC.
ARTICLE II - Address:	
The mailing address and street address of th	e principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
877 JESSICY ST Jallahassec Fl. 32305	Same E
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another.
The name and the Florida street address of t	he registered agent are:
Over BELL	ame
	st address (P.O. Box NOT acceptable)
Tall. Fl, Cin	FL 32305 y, State, and Zip
liability company at the place designated registered agent and agree to act in this ca all statutes relating to the proper and com	d to accept service of process for the above stated limite I in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of aplete performance of my duties, and I am familiar with as registered agent as provided for in Chapter 608, F.S.
Myl	n_
Registered Agent's Si	ignature (REQUIRED)

Page 1 of 2

(CONTINUED)

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 Member	Name and Address:
MGRM	Grey Bell 877 DESSICA 8 T- TULIAMASSEE FL. 32305
	SEP 16
	6 AM IO: 21
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	e date of filing: (OPTIONAL) t be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Signature of a member	er or an authorized representative of a member.
(In accordance with section 60) constitutes an affirmation unde I am aware that any false inforr	8.408(3), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)

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)