

L13000139571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

EFFECTIVE DATE 09/01/13

W13-47509



500250882415

08/23/13--01003--008 **125.00

FILED
2013 AUG 23 PM 1:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 03 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2013

AARON M BEAM IV
20770 PARK AVENUE
DUNNELLON, FL 34431

SUBJECT: AARON BEAM'S TREE SERVICE, LLC
Ref. Number: W13000047509

We have received your document for AARON BEAM'S TREE SERVICE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 23, 2013. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 813A00020262

SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 23 PM 1:51

FILED

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Aaron Beam's Tree Service, LLC**
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:

Aaron M Beam, IV

Name of Person

Aaron Beam's Tree Service, LLC

Firm/Company

20770 Park Avenue

Address

Dunnellon, FL 34431

City/State and Zip Code

sbsdunnellon@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Beam

Name of Person

at (**352**) **257-3757**

Area Code & Daytime Telephone Number

Enclosed is a check for 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 Circle
Tallahassee, FL 32301

FILED
AUG 23 PM 1:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aaron Beam's Tree Service, 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:

20770 Park Avenue

Dunnellon, FL 34431

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 another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Aaron M Beam, IV

Name

20770 Park Avenue

Florida street address (P.O. Box **NOT** acceptable)

Dunnellon, FL 34431

FL

City, State, and Zip

FILED
2019 AUG 23 PM 1:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

Aaron Beam IV

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 09/01/13

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Aaron M Beam, IV

20770 Park Avenue

Dunnellon, FL 34431

MGR

Aaron M Beam, III

77 Park St

Inglis, FL 34449

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ~~August 16, 2013~~ 9/1/13 (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.)

Aaron M. Beam, IV

Typed or printed name of signee

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)

FILED
2013 AUG 23 PM 1:51
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA