L13000171829

(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



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12/02/13--01043--009 **155.00

SFFECTIVE DATE

FILED
SECRETARY OF STATE

N. CUMBER DEC 26 2013



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2013

LORNE ALTER 10469 WHITEWIND CIRCLE BOYNTON BEACH, FL 33473

SUBJECT: BEVSHIRE HOLDINGS LLC

Ref. Number: W13000066019

We have received your document for BEVSHIRE HOLDINGS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 813A00027504

COVER LETTER

TO: Registration Section
Division of Corporations

BEVSHIRE HOLDINGS 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:

LORNE ALTER
Name of Person
BEVSHIRE HOLDINGS LLC
Firm/Company
10469 WHITEWIND CIRCLE
Address
BOYNTON BEACH FL 33473
City/State and Zip Code

lornealter@hotmail.com

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

For further information concerning this matter, please call:

LORNE ALTER

at 561 7335433

Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 Filing Fee \$\square\$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy

* & Signature 16.00 Status & Certificate of Status & Certified Copy (additional copy is enclosed)

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na			
The name of the I	Limited Liability Comp	any is:	
BEVSHIRE HOLDING	SS LLC		
(A)	Aust end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addre		f the principal office of the Limited Liabil	lity Company is:
Principal Office	Address:	Mailing Address:	
10469 WHITEWIND C	CIRCLE	10469 WHITEWIND CIRCLE	
BOYNTON BEACH FL	. 33473	BOYNTON BEACH FL 33473	
· · · · · · · · · · · · · · · · · · ·		**************************************	
The Limited Liability (business entity with an	Company cannot serve as its own active Florida registration.) Florida street address of LORNE ALTER 10469 WHITEWIND CIRC Florida st	reet address (P.O. Box NOT acceptable)	2013 DEC 26 PM 4: 16 SECTIONAL ATTACKS OF STATE FLORIDA
		City, State, and Zip	7:- O3
liability compa registered agent all statutes rela	iny at the place designal and agree to act in this ting to the proper and co bligations of my position	and to accept service of process for the above ted in this certificate, I hereby accept the acceptance of acceptan	appointment as the provisions of m familiar with

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>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM,	LORNE ALTER
	10469 WHITEWIND CIRCLE
	BOYNTON BEACH FL 33473
MGR	CAROL ALTER
	10469 WHITEWIND CIRCLE
	BDRawered Energness LLC 10489 Whitemens Circle Boymon Search FL 33473 Yes (561) 733-5433 YNTON BEACH FL:
MGR	AMY ALTER
	10469 WHITEWIND CIRCLE
	BOYNTON BEACH FL 33473
(Use attachment if necessary) LE V: Effective date, if other than the effective date is listed, the date mut	he date of filing: DECEMBER+2013. (OPTIONAL) ast be specific and cannot be more than five business day
o or 90 days after the date of filing.))
REQUIRED SIGNATURE: Signature of a memi	ber of an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.
(In accordance with section 60 constitutes an affirmation and	08.408(3), Florida Statutes, the execution of this document
I am aware that any false info	ler the penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true.

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)

Typed or printed name of signee