## 140000035687

| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | dress)             |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | WAIT               | MAIL        |
| (Bu                     | isiness Entity Nar | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         | •                  |             |
|                         |                    |             |

Office Use Only



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02/28/14--01008--020 \*\*160.00



B. BOSTICKMAR - 3 2014

**EXAMINER** 

## COVER LETTER '

| TO: Registration Division of | n Section<br>Corporations                    | •   |  |
|------------------------------|--|---|--|
| SUBJECT: Bee Fr              | ruitful LLC • Name of Lin                    | mited Liability Company   |  |
| The enclosed Articles        | s of Organization and fee(s) a               | re submitted for filing.  |  |
| Please return all corre      | espondence concerning this m                 | natter to the following:  |  |
| <u>Daniel L</u>              | Wetherington                                 | Name of Person  |  |
| Bee Fru                      | itful LLC                                    | Firm/Company  |  |
| <u>5612 Hil</u>              | Isborough Street                             | Address   |  |
| <u>Wimaun</u>                | na, Fl. 33598                                | City/State and Zip Code   |  |
| <u>Beefruitfulmark</u>       | (et@aol.com                                  | d for future annual report notifica                                 | ation)   |
| For further information      | on concerning this matter, ple               | •   | 1000   |
| Daniel L. Wethering<br>Na    | gton at (at (at (at (at (                    | 813 ) <u>764-3284</u><br>Area Code Daytime Te                       | lephone Number   |
| Enclosed is a check for      | or the following amount:                     |   | The state of the s |
| ☐ \$125.00 Filing Fee        | □\$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)   |
| Ma                           | illing Address                               | Street/Courier Add  | ress   |

\$ a

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the L                    | imited Liability Company is:  |  |  |                 |
|--------------------------------------|---|--|--|-----------------|
| Bee Fruitful LLC                     | •   |  |  |                 |
|                                      | (Must end with the words "Limite  | ed Liability Company, "L.L.C.," or   | "LLC.")  |                 |
| ARTICLE II - Ac<br>The mailing addre | ldress:<br>ss and street address of the principal   | office of the Limited Liability Con  | mpany is:  |                 |
| Principal Office                     | Address:  | Mailing Address:   |  |                 |
| 5612 Hillsboroug<br>Wimauma, Fl, 3   | ph Street   | 5612 Hillsborough Street<br>Wimauma, Fl, 33598                                 | <u> </u>   |                 |
|                                      |   |  |  |                 |
| (The Limited Liab                    | egistered Agent, Registered Office<br>ility Company cannot serve as its over<br>entity with an active Florida registrat   | vn Registered Agent. You must des  |  |                 |
| The name and the                     | Florida street address of the register  | ed agent are:  |  |                 |
|                                      | Daniel L. Wetherington  | v  | 71. 79   |                 |
|                                      | Nar   | me   |  | 11              |
|                                      | 5612 Hillsborough Street  |  | ) j = = = = = = = = = = = = = = = = = =  |                 |
|                                      | Florida street address (P.O. B  | lox NOT acceptable)  | 7,1° co  | 2 3             |
|                                      | Wimauma   | FL 33598   | J  | ،<br>لئايد .    |
|                                      | City  | Zip  |  |                 |
| the place design capacity. I furth   | ned as registered agent and to accept<br>gnated in this certificate, I hereby acc<br>ner agree to comply with the provision<br>nd I am familiar with and accept the<br>Ch | ept the appointment as registered a<br>ns of all statutes relating to the prop | ted limited liability com<br>gent and agree to act in<br>per and complete perfor | n this<br>mance |

(CONTINUED)

Page 1 of 2

| AMBR" = Authorized Member  MGR" = Manager  MGR   | Title:   | Name and Address:  |
|--|--|--|
| Daniel L. Wetherington 5512 Hillsborough Street Wimauma, Fl. 33598  Jo. R. Samuels 5512 Hillsborough Street Wimauma, Fl. 33598  AMBR  Reid Samuels 5512 Hillsborough Street Wimauma, Fl. 33598  AMBR  Reid Samuels 5512 Hillsborough Street Wimauma, Fl. 33598  AMBR  Lisa C. Lutz 5612 Hillsborough Street Wimauma, Fl. 33598  AMBR  AMBR  Lisa C. Lutz 5612 Hillsborough Street Wimauma, Fl. 33598  AMBR  Lisa C. Lutz 5612 Hillsborough Street Wimauma, Fl. 33598  AMBR  AMBR  Lisa C. Lutz 5612 Hillsborough Street Wimauma, Fl. 33598  AMBR  AMBR  Lisa C. Lutz 5612 Hillsborough Street Wimauma, Fl. 33598  AMBR  AMBR  Lisa C. Lutz 5612 Hillsborough Street Wimauma, Fl. 33598  AMBR  AMBR  Lisa C. Lutz 5612 Hillsborough Street Wimauma, Fl. 33598  AMBR  AMBR  Lisa C. Lutz 5612 Hillsborough Street Wimauma, Fl. 33598  AMBR  AMBR  Lisa C. Lutz 5 | 'AMBR" = Authorized Membe  |  |
| Sol 2 Hillsborough Street  Wimauma, Fl. 33598  AMBR  Jo R. Samuels  5612 Hillsborough Street  Wimauma, Fl. 33598  AMBR  Reid Samuels  5612 Hillsborough Street  Wimauma, Fl. 33598  AMBR  Lisa C. Lutz  5612 Hillsborough Street  Wimauma, Fl. 33598  Use attachment if necessary)  V: Effective date, if other than the date of filing:  (OPTIONAL)  trive date is listed, the date must be specific and cannot be more than five business days prior to or stilling.)  VI: Other provisions, if any.  REQUIRED SIGNATURE.  REQUIRED SIGNATURE.  Signature of a member.  (In accordance with section 605.0203 (1) (b), 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.)  Daniel L. Wetherington  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent   | 'MGR" = Manager  |  |
| Wimauma, Fl. 33598  Jo R. Samuels 5612 Hillsborough Street Wimauma, Fl. 33598  AMBR  Reid Samuels 5612 Hillsborough Street Wimauma, Fl. 33598  AMBR  Lisa C. Lutz 5612 Hillsborough Street Wimauma, Fl. 33598  AMBR  Lisa C. Lutz 5612 Hillsborough Street Wimauma, Fl. 33598  Use attachment if necessary)  V. Effective date, if other than the date of filing:  | MGR  |  |
| AMBR  Jo R. Samuels 5612 Hillsborough Street Wimauma, Fl. 33598  Reid Samuels 5612 Hillsborough Street Wimauma, Fl. 33598  AMBR  Lisa C. Lutz 5612 Hillsborough Street Wimauma, Fl. 33598  Lisa C. Lutz 5612 Hillsborough Street Wimauma, Fl. 33598  Use attachment if necessary)  V: Effective date, if other than the date of filing:  citive date is listed, the date must be specific and cannot be more than five business days prior to or stitling.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.)  Daniel L. Wetherington  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  |  |  |
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| Lisa C. Lutz 5612 Hillsborough Street Wimauma, Fl. 33598  Use attachment if necessary)  V: Effective date, if other than the date of filing:   |  |  |
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| Use attachment if necessary)  V: Effective date, if other than the date of filing:   | AMBR   | Lisa C. Lutz   |
| Use attachment if necessary)  V: Effective date, if other than the date of filing:   |  | 5612 Hillsborough Street   |
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