

L14 000160725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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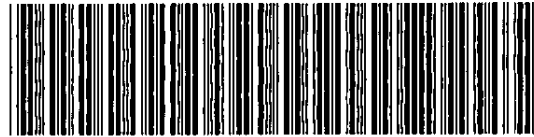
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS, TREASURER'S OFFICE
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AND
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J. Shivers OCT 15 2014
130 SEASIDE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beehive 1 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:

BRADLEY COULTER
Name of Person

Firm/Company

2533 LEMON LN
Address

TALL FL 32308
City/State and Zip Code

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

For further information concerning this matter, please call:

BRADLEY COULTER at (561) 693-8637
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEEHIVE 1, L.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:

Principal Office Address:

Mailing Address:

2533 LEMON LN
TALL FL 32308

SAME

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:

John Coulter
Name

4922 LESTER RD
Florida street address (P.O. Box NOT acceptable)

TALL FL 32317
City Zip

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 605, F.S..

John S Coulter
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRET
TALLAHASSEE, FLORIDA

14 OCT 15 AM 9:33

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

MGR

MGR

Name and Address:

Bradley S. Coulter
2533
32308

Jonathan B. Coulter
120 Westwood Dr
Bonville Ga. 31005

Bradley Clayton Coulter
120 Westwood Dr
32317

Bethany Melli
1506 Dove Rd
32317

(Use attachment if necessary)

MGR

Belinda Joy Newell
2311 Trimbale Rd. 32303

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 days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Bradley Coulter

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.)

BRADLEY COULTER

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)

14 OCT 15 AM 9:35
FILED
APPROVED
TALAMON, N. CAROL
STATE