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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Division of C	n Section Corporations		ALLAND ALLAND
SUBJECT: Donna	K Beavers LLC		27 6
	Name of Lir	nited Liability Company	1.2
	of Organization and fee(s) as	-	
	K. BEAVERS	Name of Person	
<u>Donna K</u>	Beavers LLC		
		Firm/Company	
1973 SE M	Mantua St	Address	
		Addiess	
Port St L	ucie, FL 34952		
	C	City/State and Zip Code	
beavedon@gm	ail.com	d for future annual report notifice	ation
			mon)
For further informatio	n concerning this matter, plea	ase call:	
DONNA K. BEAVE Nar	RS at (_ ne of Person	423 322 - 6 Area Code Daytime Te	496 lephone Number
Enclosed is a check fo	or 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:		
Donna K Beavers LLC (Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1973 SE Mantua St Port St Lucie, FL 34952	1973 SE Mantua St Port St Lucie, FL 34952	
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	n Registered Agent. You must designate an individual or	
The name and the Florida street address of the registered	d agent are:	
DONNA K. BEAVERS		
Nam	e 33 8 T	7
1973 SE Mantua St		•
Florida street address (P.O. Bo	ox NOT acceptable)	!
Port St Lucie	FL 34952	
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	DONNA Z PEAVERS
MGR	DONNA K. BEAVERS 1973 SE Mantua St
	Port St Lucie, FL 34952
	1 of ot Eddle, 1 E 0400E
	
-	
fective date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
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LE V: Effective date, if other than the date fective date is listed, the date must be specifiling.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me	mber or an authorized representative of a member.
E V: Effective date, if other than the date fective date is listed, the date must be specifiling.) LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a menusure of a	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.
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ARTICLE IV-