## L15000009781

(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:	$\neg$

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01/05/15--01010--014 \*\*130.00

FILE:

EFFECTIVE DATE

## **COVER LETTER**

TO: Registration of	on Section Corporations					
SUBJECT: Beyer						
	Name of Li	mited Liability Company				
The enclosed Article	es of Organization and fee(s) a	are submitted for filing.				
Please return all corr	respondence concerning this n	natter to the following:				
Eric J E	Beyer	Name of Person				
		Name of Person				
		Firm/Company	<del>-</del>		-	
7589 B	riar Cliff Circle					
		Address				
<u>Lake W</u>	orth, FI 33467		·			
	(	City/State and Zip Code		⊼ <sub>S</sub>	<u></u>	
ecbeyer@bell	south.net	ed for future annual report notific	-41		<u>د</u>	<u>5-</u>
		•	ation)		.D-	ee.pr=
For further informati	on concerning this matter, ple	ase call:		35.17 5.17 7.17 7.17	-5 PH	1
Eric J Beyer		<u>561 ) 714-0689 </u>		Ξ.	5	
Na	ime of Person	Area Code Daytime Te	lephone Number		5.15	"Bara
Enclosed is a check i	for the following amount:					
□ \$125.00 Filing Fee	Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Certificate of Certified Cop (additional copy	Status &		
	ailing Address gistration Section	Street/Courier Add Registration Section	<u>ress</u>			

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

## EFFECTIVE DATE

**ARTICLE I - Name:** 

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Beyer5inc 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:	
7589 Briar Cliff Circle	7589 Briar Cliff Circle	
Lake Worth FI 33467	Lake Worth FI 33467	
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 of	r
The name and the Florida street address of the registered		!
Eric J Beyer		
Name		i 
7589 Briar Cliff Circle		
Florida street address (P.O. Bo	x NOT acceptable)	\. -

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.

FL 33467

Zip

Registered Agen's Signature (REQUIRED)

Lake Worth

City

(CONTINUED)

Page 1 of 2

Title: "AMBR" ≈ Authorized Member "MGR" = Manager	Name and Address:	
MGR	Eric J. Beyer 7589 Briar Cliff Circle Lake Worth Fl 33467	- -
MGR	Cynthia M. Beyer 7589 Briar Cliff Circle Lake Worth Fl 33467	-
		- - -
		- -
(Use attachment if necessary)		-
fective date is listed, the date must be spe	of filing: <u>January 1, 2015</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or	90 da
fective date is listed, the date must be spe of filing.)	of filing: <u>January 1, 2015</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or	90 da
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	of filing: January 1, 2015 (OPTIONAL) ecific and cannot be more than five business days prior to or	90 da
rective date is listed, the date must be specifiling.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men  (In accordance with section 605 constitutes an affirmation under 1 am aware that any false inform	mbar 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. mation submitted in a document to the Department of State	
REQUIRED SIGNATURE:  Signature of a mer  (In accordance with section 605 constitutes an affirmation under l am aware that any false inform constitutes a third degree felony	mbar or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document on the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)	-
REQUIRED SIGNATURE:  Signature of a men (In accordance with section 600 constitutes an affirmation under 1 am aware that any false inform constitutes a third degree felony  S125.00 Filing Fee for Articles of Org	mbar 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. mation submitted in a document to the Department of State	-
REQUIRED SIGNATURE:  Signature of a men  (In accordance with section 600 constitutes an affirmation under 1 am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member.  5.0203 (1) (b), Florida-Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees: ganization and Designation of Registered Agent	

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

ARTICLE IV-