L15000021064

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400268542204

Effective Date 1/31/15

01/27/15--01003--010 **160.00

T I L L U

15 JAN 27 PH 1: 27

SECRETARY OF STATE
IN AHASSEE, FLORIDA

FEB = 4.2915

T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: Beffel & Beffel LLC Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
	Michael J. Beffel Name of Person
	Firm/Company
	5113 Longspur Court
	5113 Longspor Court Address Lithia, FL 33547 City/State and Zip Code mikebeffel@aol.com E-mail address: (to be used for future annual report notification)
	City/State and Zip Code mikebeffel@aol.com
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
3 \$125.00	O Filing Fee Status Sta

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

January 23, 2015

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

Sir/Madam:

I have enclosed the articles of organization for a limited liability company, "Beffel & Beffel, LLC", along with the payment of \$160 for the filing fee, the Certified Copy, and the Certificate of Status.

Please contact me at the following with any questions or concerns:

Michael J. Beffel Beffel & Beffel, LLC 5113 Longspur Court Lithia, FL 33547 440-370-0478

Thank you.

Dr. Michael J. Beffel Managing Member

Effective Date 1315

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Beffel & Beffel, L	LC.
(Must end with the words "Limited Liabili	
ARTICLE II - Address: The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	iling Address:
5113 Longspur Court Lithia, FL 33547	5113 Longspur Court Lithia, FL 33547
ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent a	are:
Michael J. Bef Name	[]
Name	
5113 Longspur Florida street address (P.O. Box NOT	Court
Florida street address (P.O. Box NOT	acceptable)
Lithia, F	L 3354 /
Having been named as registered agent and to accept service of the place designated in this certificate, I hereby accept the ap capacity. I further agree to comply with the provisions of all st of my duties, and I am familiar with and accept the obligation Chapter 605, Registered Agent's Signature (R.)	process for the above stated limited liability company a pointment as registered agent and agree to act in this atutes relating to the proper and complete performance as of my position as registered agent as provided for in F.S
(CONTINUED)	

Page 1 of 2

FILED

15 JAN 27 PH 1: 27

SECRULARSEE. FLORIDA

itle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager AMBR	Michael J. Be(Fe)
7	5113 Longsour Court
	Lithia FL 33547
1 0	A
AMBR	Martha P. Beffel
	5113 Longspur Court
	LI7119, FL 33341
	
V: Effective date, if other than the	e date of filing: 1/31/2015 (OPTIONAL)
V: Effective date, if other than the ctive date is listed, the date must liftling.)	e date of filing: 1/31/2015 (OPTIONAL) be specific and cannot be more than five business days prior to or 90
Use attachment if necessary) V: Effective date, if other than the ctive date is listed, the date must liftling.) VI: Other provisions, if any.	e date of filing: 1/31/2015 (OPTIONAL) be specific and cannot be more than five business days prior to or 90
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V: Effective date, if other than the ctive date is listed, the date must liftling.) VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the tive date is listed, the date must be filling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of (In accordance with sections)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the tive date is listed, the date must ifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of (In accordance with sectic constitutes an affirmation)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the tive date is listed, the date must ifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of (In accordance with sectic constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State
V: Effective date, if other than the tive date is listed, the date must ifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of (In accordance with sectic constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.

ARTICLE IV-

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)