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(Re	questor's Name)	
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(Ad	dress)	
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(Cir	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filina Officer:	
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Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: <u>Susan D. Beckham, LLC</u> Name of Li	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
		 (	
	Susan D. Beckham		
		Name of Person	
		;	
		Firm/Company	
		,	
	3903 Del Prado Blvd S, B-203		
		Address	
	Cape Coral, FL 33904		
		City/State and Zip Code	
<u>.a</u>	gentsusanbeckham@gmail.com E-mail address: (to be use	ed for future annual report notifica	ntion)
	ther information concerning this matter, ple		
Susar	D. Beckhamat (	561 ) 509-1694	
	Name of Person		ephone Number
Enclos	ed is a check for the following amount:		
_	00 Filing Fee \$\times \text{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 Addi Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
0 D D D D	
Susan D. Beckham, LLC	d Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limite	d 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:
0000 D I D I I D I I O D 000	2002 Bal Barda Blod C. B. 202
3903 Del Prado Blvd S. B-203	3903 Del Prado Bivd S. B-203 Cape Coral, FL 33904
Cape Coral, FL 33904	Cape Coral, FL 33904
ARTICLE III - Registered Agent, Registered Office	, & Registered Agent's Signature:
	n Registered Agent. You must designate an individual or
another business entity with an active Florida registrati	
The name and the Florida street address of the registere	ad agent are:
Sugar D. Bookham	
Susan D. Beckham Nam	E E E
179111	
3903 Del Prado Blvd S. B-20	
Florida street address (P.O. Bo	
Cape Coral	FL 33904
City	FL 33904 Zip
	Constant of the stand limited liability company of
Having been named as registered agent and to accept s	service of process for the above stated limited liability company at
the place designated in this certificate, I hereby access	ept the appointment as registered agent and agree to act in this sof all statutes relating to the proper and complete performance
capacity. I further agree to comply with the provision	
of my duties and I am familiar with and account the o	shigations of my position as registered agent as provided for in
of my duties, and I am familiar with and accept the o	obligations of my position as registered agent as provided for in upter 605, F.S

(CONTINUED)

Susan D. Beckhon Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>l'itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR & AMBR	Susan D. Beckham
	3903 Del Prado Blvd S, B-203
	Cape Coral, FL 33904
	30 T
	• 9
	<del> </del>
V: Effective date, if other than the date tive date is listed, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date etive date is listed, the date must be speffling.) VI: Other provisions, if any.	cific and cannot be more than five business days prior to or 9
tive date is listed, the date must be spefiling.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date of tive date is listed, the date must be spefiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date of tive date is listed, the date must be spefiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a mer (In accordance with section 60% constitutes an affirmation under I am aware that any false inform	cific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be spefiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a mer (In accordance with section 60% constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	Decklossiness days prior to or 9  Becklossiness days prior to or 9  Becklo
V: Effective date, if other than the date of tive date is listed, the date must be spefiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a mer (In accordance with section 60% constitutes an affirmation under I am aware that any false inform	D. Beckloon  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. In the penalties of a document to the Department of State of as provided for in s.817.155, F.S.)

Page 2 of 2