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SECRETARY OF STATE
ALL AHASSEE FI ORIDA





COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Beth David, LLC		
SUBJEC		Limited Liabili	ty Company
The encl	osed Articles of Organization and fee(s	are submitted	for filing.
Please re	turn all correspondence concerning this	s matter to the fo	ollowing:
	Rashidi Collins		
		Name of	Person
	Beth David, LLC		
		Firm/Cor	npany
	2709 Hampton Green Lane		
		Addre	ess
	Brandon, FL 33511		
	rcollins@yournlt.com	City/State and	I Zip Code
	E-mail address: (to be u	sed for future an	nnual report notification)
For further	information concerning this matter, pl	ease call:	
	Rashidi Collins	813	368-0400
	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	└─¹Certifie	O Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314]] (Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICI	Æ I -	Name:
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The name of the Limited Liability Company is:

16 JAN 13 PM 4: 26

Beth David, LLC	SECRETARY OF STATE
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	TALLAHASSEE FLORIDA

<u>Principa</u>	ıl Office Address:		Mailing Address:
2709 Hampton Green	Lane	<u>2709 I</u>	Hampton Green Lane
Brandon, FL 33511		Brand	on, FL 33511
business entity with an a	ctive Florida registratio	n.)	ou must designate an individual
business entity with an a	ctive Florida registratio	n.)	ou must designate an individual
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business entity with an a	ctive Florida registration address of the registered Daniel Davy 7220 Yardley Way	n.) I agent are:	
business entity with an a	ctive Florida registration address of the registered Daniel Davy 7220 Yardley Way	n.) I agent are: Name	

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..

(CONTINUED)

Page 1 of 2

Title:			Name and Address:	FILEU
	uthorized Member			40 1111 10 04 1 0
"MGR" = Ma	ınager		Rashidi Collins	16 JAN 13 PH 4: 2
711111111			2709 Hampton Green Lan	le Amazinerm pro more successive
			Brandon, FL 33511	SECRETARY OF STATE
				entransmit is substituted in the New York
				
				······································
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LE V: Effective fective date is of filing.) f the date inser	e date, if other than listed, the date mu	st be specific a	nd cannot be more than five applicable statutory filing rec	(OPTIONAL) business days prior to or 90 day quirements, this date will not be
LEV: Effective date is of filing.) f the date inserument's effecti	e date, if other than listed, the date mu	st be specific a ses not meet the artment of State	nd cannot be more than five applicable statutory filing rec	business days prior to or 90 day
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LE V: Effective date is of filing.) If the date insertiment's effection. LE VI: Other p	e date, if other than listed, the date muted in this block dowe date on the Deprovisions, if any. SIGNATURE: Signature This document I am aware that	of a member of sexecuted in a any false informed degree felony	e applicable statutory filing rece's records. or an authorized representate accordance with section 605.02 nation submitted in a documen	quirements, this date will not be give of a member. 203 (1) (b), Florida Statutes. It to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)