

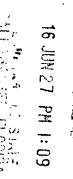
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| PICK-UP                 | ☐ WAIT             | MAIL                                  |
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| Certified Copies        | _ Certificates     | s of Status                           |
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S. GILBERT

## COVER LETTER

| TO:        | : Registration Section Division of Corporations   |  |
|------------|---|--|
| CHDIE      | Ronnie M. Beaman, CPA, LLC BJECT:   |  |
| SOBJE      | Name of Limited Liability Company   |  |
| The enc    | enclosed Articles of Organization and fee(s) are submitted for filing.  |  |
| Please re  | ase return all correspondence concerning this matter to the following:  |  |
|            | Ronnie M. Beaman  |  |
|            | Name of Person  |  |
|            | Ronnie M. Beaman, CPA, LLC  |  |
|            | Firm/Company  |  |
|            | 11709 Magnolia Estates Rd   |  |
|            | Address   |  |
|            | Jacksonville, FL 32223  |  |
|            | City/State and Zip Code ronnic@rmbeamancpa.com  |  |
|            | E-mail address: (to be used for future annual report notificat  | ion)   |
| For furthe | urther information concerning this matter, please call:   |  |
|            | Ronnie Beaman 904 616-5505  |  |
|            | at ()at () Name of Person Area Code Daytime Telephon  | e Number   |
| Englose    | closed is a check for the following amount:   |  |
|            | 25.00 Filing Fee \$\frac{130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certificate of Status}}\$\$   | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|            | Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center |  |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

16 JUH 27 PM 1:09

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Ronnie M. Beaman, CPA LLC

(Must end with the words "Limited 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:          |
|---|---------------------------|
| Ronnie M. Beaman  | Ronnie M. Beaman          |
| 11709 Magnolia Estates Rd   | 11709 Magnolia Estates Rd |
| Jacksonville, FL 32223  | Jacksonville, FL 32223    |
| ARTICLE III - Registered Agent, Registered Office, & Regi<br>(The Limited Liability Company cannot serve as its own Register<br>another business entity with an active Florida registration.) |                           |

The name and the Florida street address of the registered agent are:

| Ronnie Beaman        |                                   |            |
|----------------------|-----------------------------------|------------|
|                      | Name                              |            |
| 11709 Magnolia Est   | ates Rd                           |            |
| Florida street addre | ss (P.O. Box <u><b>NOT</b></u> ac | eceptable) |
| Jacksonville         | FL                                | 32223      |
| City                 | State                             | 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..

> Ronnie Beaman Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

Page 1 of 2

| <u>Title:</u>   | <u>Name and Addr</u>  | ess:  |
|---|---|---|
| 'AMBR" = Autho  | zed Member  |   |
| 'MGR" = Manage  |   |   |
| AMBR  | Ronnie M. Beam  |   |
|   | 11709 Magnolia  | Estates Rd  |
|   | Jacksonville, FL  | 32223   |
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ARTICLE IV-