L 160001)5086

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
·	·	
	ity/State/Zip/Phone	**
(0	nyrotatorzipii none	"
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	
·	,	
Certified Copies	Certificates	of Status
Certified Copies	Certificates	or Status
Special Instructions to	Filing Officer:	

Office Use Only

SEP. 2 0 2015 T. SCOTT



000290382540

09/20/16--01015--005 **125.00



SEP 20 AH 5:51



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Britany Bevis, LLC (Jame of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brittany Beuis
Name of Person
nla
Firm/Company
2008 E. Forest Drive
Address
Tallahassee, Florida 32303
Tallahassel, Florida 32303 City/State and Zip Code brittany@hillspooner.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Britany Bevis at 850 321-6311 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{Certified Copy} (additional copy is enclosed) \$125.00 Filing Fee \$\text{Certified Copy} (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Brittany	Bevis	ني ابله د.
(Mus	t end with the words "Limited	Liability Compa	any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and st	reet address of the principal of	fice of the Limite	ed Liability Company is:
<u>P</u> 1	incipal Office Address:	,	Mailing Address:
	same as		Britlany Bevis 2008 E. Oforest Drive
	· · · · · · · · · · · · · · · · · · ·		
			Tallahassee, FL. 32303
(The Limited Liability Cor another business entity wi	treet address of the registered a	Registered Agent Registered Agent agent are:	Tallahassee, FL. 32303 gent's Signature: t. You must designate an individual or
(The Limited Liability Cor another business entity wi	npany cannot serve as its own F th an active Florida registration street address of the registered a	Registered Agent Registered Agent agent are:	Tallahassee, FL. 32303 gent's Signature: t. You must designate an individual or
(The Limited Liability Cor another business entity wi	npany cannot serve as its own Fish an active Florida registration street address of the registered a Britan	Registered Agend Registered Agend agent are: Bevi Name	Tallahassee, FL. 32303 gent's Signature: It. You must designate an individual or IS
(The Limited Liability Cor another business entity wi	npany cannot serve as its own Finan active Florida registration street address of the registered and the serve as its own Finan Englishment of the registered and the serve address florida street address	Registered Agent Registered Agent agent are: M Bevi Name Forest (P.O. Box NOT	Tallahassee, FL. 32303 gent's Signature: It. You must designate an individual or IS Cacceptable)
(The Limited Liability Cor another business entity wi	npany cannot serve as its own Finan active Florida registration street address of the registered and the serve as its own Finan Englishment of the registered and the serve address florida street address	Registered Agent Registered Agent agent are: M Bevi Name Forest (P.O. Box NOT	Tallahassee, FL. 32303 gent's Signature: It. You must designate an individual or IS Cacceptable)
(The Limited Liability Cor another business entity wi	npany cannot serve as its own Fish an active Florida registration street address of the registered a Britan	Registered Agent Registered Agent agent are: M Bevi Name Forest (P.O. Box NOT	Tallahassee, FL. 32303 gent's Signature: It. You must designate an individual or IS Cacceptable)

Attany Berry
Registered Agent's Signature (RECURED)

(CONTINUED)

Page 1 of 2

achment if necessary) fective date, if other than the date of filing: inserted in this block does not meet the applicable ffective date on the Department of State's records. ther provisions, if any.	Hany Bevis E. Horst Dr. Ahassee, FL. 32303 (OPTIONAL) more than five business days prior to or 90
achment if necessary) fective date, if other than the date of filing: te is listed, the date must be specific and cannot inserted in this block does not meet the applicable ffective date on the Department of State's records.	. (OPTIONAL)
achment if necessary) fective date, if other than the date of filing:	. (OPTIONAL)
achment if necessary) fective date, if other than the date of filing:	. (OPTIONAL)
fective date, if other than the date of filing:	(OPTIONAL) more than five business days prior to or 90
fective date, if other than the date of filing:	(OPTIONAL) more than five business days prior to or 90
fective date, if other than the date of filing:	(OPTIONAL) more than five business days prior to or 90
fective date, if other than the date of filing:	(OPTIONAL) more than five business days prior to or 90
fective date, if other than the date of filing:	. (OPTIONAL) more than five business days prior to or 90
fective date, if other than the date of filing:	(OPTIONAL) more than five business days prior to or 90
fective date, if other than the date of filing:	. (OPTIONAL) more than five business days prior to or 90
fective date, if other than the date of filing:	(OPTIONAL) more than five business days prior to or 90
fective date, if other than the date of filing:	(OPTIONAL) more than five business days prior to or 90
fective date, if other than the date of filing:	. (OPTIONAL) more than five business days prior to or 90
fective date, if other than the date of filing:	(OPTIONAL) more than five business days prior to or 90
	atutory filing requirements, this date will not
DED SIGNATUDE.	
RED SIGNATURE:	Reini
Signature of a member and the	1 6000
This document is executed in accordance	1 1
Low arrows that any false in fam.	ized-representative of a member.
	h section 605.0203 (1) (b), Florida Statutes, ted in a document to the Department of State
constitutes a third degree felony as provide	h section 605.0203 (1) (b), Florida Statutes, ted in a document to the Department of State
constitutes a third degree felony as provide	n section 605.0203 (1) (b), Florida Statutes, ted in a document to the Department of State for in s.817.155, F.S.
constitutes a third degree felony as provide Buttan	th section 605.0203 (1) (b), Florida Statutes. ted in a document to the Department of State for in s.817.155, F.S.
constitutes a third degree felony as provide	h section 605.0203 (1) (b), Florida Statutes, ted in a document to the Department of State for in s.817.155, F.S. BCVIS ame of signee

ARTICLE IV-