

L16000213682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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16 NOV 23 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. BURCH

NOV 28 2016

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Plan Bee Services LLC

\_\_\_\_\_  
Name 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:

RALPH DESHON

\_\_\_\_\_  
Name of Person

Plan Bee Services, LLC

\_\_\_\_\_  
Firm/Company

731 HERBERT ST

\_\_\_\_\_  
Address

PORT ORANGE, FL 32129

\_\_\_\_\_  
City/State and Zip Code

pbeeservices@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RALPH DESHON

386

675-3203

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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



\$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**

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  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2016

RALPH DESON  
731 HERBERT ST  
PORT ORANGE, FL 32129

SUBJECT: RD3 LLC  
Ref. Number: W16000064635

We have received your document for RD3 LLC and your check(s) totaling \$180.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist III

Letter Number: 216A00020051

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Plan Bee Services 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:

731 HERBERT ST, PORT ORANGE FL 32129

Mailing Address:

731 HERBERT ST, PORT ORANGE, FL 32129

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

RALPH DESHON

Name

731 HERBERT ST

Florida street address (P.O. Box **NOT** acceptable)

PORT ORANGE

FL

32129

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..*

R. Deshon

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

