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THE PRESTON LAW FIRM

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ATTORNEYS AND COUNSELORS AT LAW

ERIC T. PRESTON, J.D.
eric@theprestonlawfirm.com

April 7, 2017

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: 541 Beville, LLC

Dear Sir or Madam:

Enclosed please find the following documents to be filed with the above-referenced matter:

- Cover letter;
- Articles of Organization for FL LLC.

Also enclosed please find check number 2974 in the amount of $155.00, for the filing fee, Certified Copy, and Certificate of Status.

Thank you for your assistance in this matter.

Respectfully,

Kathy Preston/for

Eric T. Preston

ETP/kp
Enclosures

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: 541 Beville, 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:

Eric T. Preston, Esq.
Name of Person

The Preston Law Firm
Firm/Company

605 S. Orange Street
Address

New Smyrna Beach, FL 32168
City/State and Zip Code

eric@theprestonlawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric T. Preston, Esq. at (386) 424-9200
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

541 Beville, LLC
(Must contain 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:**
541 Beville Road	541 Beville Road
South Daytona, FL 32119	South Daytona, FL 32119

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:

Chris Cotelesse
Name

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

South Daytona	Florida	32119
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..

Chris J. Colelesse
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Chris Cotelesse 541 Beville Road South Daytona, FL 32119
MGR	~~Nereida Marisol Cotelesse~~ Nereida Marisol Cotelesse 541 Beville Road South Daytona, FL 32119

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

_____
_____
_____

***REQUIRED* SIGNATURE:**

Chris J. Cotelesse

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Chris Cotelesse
Typed or printed name of signee

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

17 MAY 10 PM 4:35