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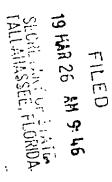
| (Requ | estor's Name) | |
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| (Addre | ess) | |
| (Addr | ess) | |
| (City/s | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ness Entity Nar | me) |
| (Docu | Iment Number) | |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fil | ling Officer: | |
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COVER LETTER

| | New Filing Section Division of Corporations |
|-------------|--|
| SUBJEC | The Bee'z Q LLC Name of Limited Liability Company |
| The enclo | osed Articles of Organization and fee(s) are submitted for filing. |
| Please ret | urn all correspondence concerning this matter to the following: |
| | Brett Zange Queijsen Name of Person |
| | Firm/Company |
| | 3385 N. Highway 29 |
| | Cartonment/FLonda 32533 City/State and Zip Code brettzq@yahoo.com |
| | City/State and Zip Code |
| | E-mail address: (to be used for future annual report notification) |
| For further | information concerning this matter, please call: |
| | Brett Queisen at (864) 344-0919 Name of Person Area Code Daytime Telephone Number |
| | Name of Person Area Code Daytime reseptione Number |
| Enclosed | is a check for the following amount: |
| \$125.001 | Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) (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

| | The Bee'z | | |
|---|--|---|--|
| (Must con | stain the words "Limited Liability C | Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street a | address of the principal office of the | e Limited Liability Company is: | |
| <u>Princi</u> j | pal Office Address: | Mailing Address: | |
| 3385 N. | Highway 29 + ,FL 32533 | 3385 N. Highway 29 Contonnent, FL 32533 | <u>. </u> |
| | | | |
| The name and the Florida street | t address of the registered agent are Brett Que Name | | AR 26 F |
| The name and the Florida street | Brott Que | ijsen | M 26 M 9 |
| The name and the Florida street | Brott Que | ighway 29 | A 26 M ST |
| The name and the Florida street | Brett Que Name 3385 N. H Florida street address (P.O. Bo | ighway 29 ox <u>NOT</u> acceptable) | AR 26 AH 9: 40 |
| The name and the Florida street | Brett Que Name 3385 N. H | ighway 29 ox <u>NOT</u> acceptable) | AR 26 AH 9 40 |
| daving been named as registered place designated in this certificate further agree to comply with the p | Brett Que Name 3385 N. H Florida street address (P.O. Bo Centonment Florida street address (P.O. Bo City State I agent and to accept service of procee, I hereby accept the appointment according to the state of the state o | ighway 29 ox <u>NOT</u> acceptable) | ny at the acity. I |
| daving been named as registered place designated in this certificate further agree to comply with the p | Brett Que Name 3385 N. H Florida street address (P.O. Bo Centonment Florida street address (P.O. Bo City State I agent and to accept service of procee, I hereby accept the appointment according to the state of the state o | ighway 29 ix NOT acceptable) 32533 c Zip ess for the above stated limited liability compains registered agent and agree to act in this capacite performance of my due | ny at the acity. I |

(CONTINUED)

ARTICLE V: Effective date, if other than the date of filing: (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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:

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.

Brett Zange Queijsen
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)