To:

Page: 1 of 3

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113

Fax Number : (215)977-9386

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mbeerman247@gmail.com

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FLORIDA LIMITED LIABILITY CO. J. BEERMAN CONSULTING LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00





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AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

J. BEERMAN CONSULTING 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:

1155 Brickell Bay Drive, #3301	1155 Brickell Bay Drive, #3301
Miami, FL 33131	Miami, FL 33131

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:

Jonathan S. Beerman	า		
	Name		-
1155 Brickell Bav D	rive, #3301		
Florida street addre	ss (P.O. Box <u>NOT</u> a	cceptable)	
Miami	FL	33131	,
City	State	Zip	

Having been named as registered agent and to accept service of process for the above stated lim-ed llability company at the hard designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this enpacity. I further agree to comply with the provisions of all statules 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 C pter 605, E.S.

(CONTINUED)

ed Agent's Signature (REQUIRED)

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Page: 3 of 3

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Jonathan S. Beerman 1155 Brickell Bay Drive, #3301 Miami, FL 33131	
AMBR	Maria T. Beerman 1155 Brickell Bav Drive, #3301 Miami, FL 33131	
		
(Use attachment if necessary)		9
(If an effective date is listed, the date must be s the date of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not at of State's records.	
ARTICLE VI: Other provisions, if any		
This document is execu	nember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.	
Jonathan S, Beer	man 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)