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Incorporating Services, Ltd.

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1540 Glenway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953 www.incserv.com e-mail: accounting@incserv.com

incserv^o

ORDER FORM

FROM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

Melissa Moreau mmoreau@incserv.com 850.656.7953

850-245-6051

PRIORITY Regular Approval

OUR REF # (Order ID#). 1130736

ORDER ENTITY

REQUEST DATE, 3/15/2023

BECK DYNASTY LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

BECK DYNASTY LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I2005000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

| TO: | New | Filing | Section |
|-----|-------|--------|--------------|
| | Divis | ion of | Corporations |

Beek Dynasty LLC

SUBJECT: _____

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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:

Joel Marcus

Name of Person

Firm/Company

676 W Prospect Road

Address

Fort Lauderdale, Florida 33309

City/State and Zip Code

Imarcusepa@yahoo.com

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

For further information concerning this matter, please call:

| Joel Marcus | 954 | 566-8513 | |
|----------------|-------------------|-------------------------------|---|
| Name of Person | at (Area Code |) Daytime Telephone Number | - |

Enclosed is a check for the following amount:

| ■\$125.00 Filing Fee | □\$130.00 Filing Fee & | □\$155.00 Filing Fee & | □\$160.00 Filing_Fee, |
|----------------------|------------------------|-------------------------------|-------------------------------|
| | Certificate of Status | Certified Copy | Certificate of Status & |
| | | (additional copy is enclosed) | Certified Copy |
| | | | (additional copy is enclosed) |

<u>Mailing Address</u> New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Beck Dynasty 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:

| <u>Principa</u> | l Office Address: | | Mailing Address | : | | |
|--|---|--------------------|----------------------|-----------------------|---------------------|---|
| 7918 RINEHART DR | IVE | 7918 | RINEHART DRIVE | د | \sim | I |
| BOYNTON BEACH. | FL 33437 | BOY | NTON BEACH, FL 33437 | | 17.1 1 | |
| ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ad The name and the Florida street ad | cannot serve as its own Re tive Florida registration.) | egistered Agent. Y | | idual.or S S S S S | 2023 MAR 15 NM 7:09 | |
| | | lame | | | | |
| | 7918 RINEHART DRP Florida street address (I | | ceptable) | | | |
| | BOYNTON BEACH | FLORIDA | 33437 | | | |
| | 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. 1 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.

Ken Beck Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

,

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

| <u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager | Name and Address: | | |
|--|--|-----------------------|---------------|
| MGR | BECK, TARA 7918 RINEHART DRIVE BOYNTON BEACH, FL 33437 | | |
| MGR | KENNETH BECK 7918 RINEHART DRIVE | 2023 MAR I SECRETA | |
| | BOYNTON BEACH, FL 33437 | | |
| | | 7:09 | Land Contract |
| | | | |

(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. TRUST ACCOUNT

REOUIRED SIGNATURE:

Ken Beck

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.

KENNETH BECK 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)