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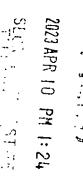
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	1L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





800405994358

3. Crining 1 2023





Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>04/10/2023</u>	_	**WALK I
ENTITY NAME Beacon	Three Holdings LLC	<u> </u>
DOCUMENT NUMBER_		
	PLEASE FILE TI	HE ATTACHED AND RETURN
	Plain Copy	
XXXXXX	Certified Copy	
	Certificate of Status	
\$ 1	*PLEASE OBTAIN THE I	FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts	& Amendments
	Certified Copy of Arts	& Amendments Complete File (Inclading Annaal Reports)
	Certificate of Status	
	Certificate of Status R	Peffecting:
	APOSTILLE' / I	NOTARIAL CERTIFICATION
COUNTRY OF DESTINAT	TON	
NUMBER OF CERTIFICAT	TES REQUESTED	
TOTAL OWED \$ 155		ACCOUNT # 120140000108 United Corporate Services, Inc. any issues or concerns, Thank you so much.
Please call Tina at th	he above number for a	any issues or concerns. Thank you so much!

COVER LETTER

	ew Filing Sec ivision of Co				
SUBJECT		ree Holdings LLC			
SUBJECT	·	Name of Limi	ited Liabil	ity Company	
The enclose	ed Articles of	Organization and fee(s) are	submitted	for filing,	
Please retu	rn all correspo	ondence concerning this mat	ter to the f	following:	
	Amy Allen				
			Name of	Person	
	United Corp	orate Services, Inc.			
			Firm/Co	mpany	_
	80 State Stre	eet, Suite 1101			
			Addr	ess	
	Albany, NY	12207			
			ty/State an	d Zip Code	
-		akdbperformance.com E-mail address: (to be used f	or future :	sanual report notificati	on)
Ear fiirthar ii		ncerning this matter, please			,
ror turtuer ii	mormanon co	neering this matter, prease	can.		
				_)	
	Nam	ie of Person Ar	ea Code	Daytime Telephon	e Number
Enclosed is	a check for t	he following amount:			
□\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address	
		iling Section on of Corporations		New Filing Section Di The Centre of Tallaha	
	P.O. B	30x 6327		2415 N. Monroe Stree Tallahassee, FL 3230	et, Suite 810
	i allah	assee, FL 32314		Tananassee, FL 5230	J

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(M			W. I. C. III	
	fust contain the words "Limited Liab	hty Company, "L.L.C.,"	or "LLC.")	
ARTICLE II - Address The mailing address and	s: I street address of the principal office	of the Limited Liability	Company is:	
	Principal Office Address:		Mailing Address:	
6220 Vireo (Ct.	6220 Vireo Ci	ı.	
Lake Worth		Lake Worth, I		
		Dake Worth, I		
ARTICLE III - Registe	ered Agent, Registered Office, & R	egistered Agent's Signa		
ARTICLE III - Registe (The Limited Liability Canother business entity		egistered Agent's Signa istered Agent. You must	ture: Sta	e in it
ARTICLE III - Registe (The Limited Liability Canother business entity	ered Agent, Registered Office, & R Company cannot serve as its own Reg with an active Florida registration.)	egistered Agent's Signa istered Agent. You must	ture: designate an individual or 100 APR 10	
ARTICLE III - Registe (The Limited Liability Canother business entity	ered Agent, Registered Office, & R Company cannot serve as its own Reg with an active Florida registration.) la street address of the registered age	egistered Agent's Signa istered Agent. You must nt are:	ture: designate an individual or PH	
ARTICLE III - Registe (The Limited Liability Canother business entity	ered Agent, Registered Office, & R Company cannot serve as its own Reg with an active Florida registration.) la street address of the registered age Kenneth Naim	egistered Agent's Signa istered Agent. You must nt are:	ture: designate an individual or 100 APR 10	
ARTICLE III - Registe (The Limited Liability Canother business entity	ered Agent, Registered Office, & R. Company cannot serve as its own Regwith an active Florida registration.) In street address of the registered age Kenneth Naim	egistered Agent's Signa istered Agent. You must nt are:	ture: designate an individual or Control of State 2023 APR 10 PM 1: 24	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ARTICLE III - Registe (The Limited Liability Canother business entity	ered Agent, Registered Office, & R. Company cannot serve as its own Regwith an active Florida registration.) It a street address of the registered age Kenneth Naim Na 6220 Vireo Ct.	egistered Agent's Signa istered Agent. You must nt are:	ture: designate an individual or Control of State 2023 APR 10 PM 1: 24	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Kenneth Naim 6220 Vireo Ct. Lake Worth, FL 33463
	2023 APR
	0 PH 1: 24
(If an effective date is listed, the date must be the date of filing.)	ate of filing:
ARTICLE V: Effective date, if other than the date an effective date is listed, the date must be the date of filing.)	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE V: Effective date, if other than the di (If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does no the document's effective date on the Departme ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)