

L23000175373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

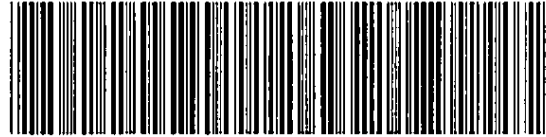
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S CHATHAM
APR 14 2023

FILED
2023 APR 11 AM 10:32
SEATTLE, WA
CLERK OF SUPERIOR COURT

RECEIVED
2023 APR 11 PM 3:46
ALLAHAMSEE, ID
CLERK OF SUPERIOR COURT

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160: \$ 160.00

Authorization Signature: 

BETA SPRINGS LLC

BUSINESS NAME **DOCUMENT #**

X Certified Copy of Articles of Organization

X Certificate of Status

NEW FILINGS

 Profit Corp
 Not for Profit
X **Limited Liability**
 Domestication
 Other
 CORP
 LLLP

AMMENDMENTS

 Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Revocation of Dissolution
 Merger
 Conversion
 Amended and restated Articles
 Statement of Authority

OTHER FILINGS

 Annual Report
 Fictitious Name
 APOSTILLE
 Country

REGISTRATION/QUALIFICATIONS

 Foreign filing
 Limited Partnership
 Reinstatement
 Other

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: BETA SPRINGS 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.

DOMINIQUE ATTAI
Name of Person

BETA SPRINGS LLC
Firm/Company

15751 SHERIDAN STREET, #217
Address

FT. LAUDERDALE, FL 33331
City/State and Zip Code

alphaspringsllc@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call.

DOMINIQUE ATTAI **954** **532-8750**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BETA SPRINGS 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:

15751 SHERIDAN ST.
#217
FT. LAUDERDALE, FL 33331

15751 SHERIDAN ST.
#217
FT. LAUDERDALE, FL 33331

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:

DOMINIQUE ATTAI
Name
15751 SHERIDAN ST. #217
Florida street address (P.O. Box **NOT** acceptable)
FT. LAUDERDALE FL 33331
City State Zip

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2023 APR 11 AM 10:32
SECRETARY OF STATE
FLORIDA

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.

Dominique Attai

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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

KENNY ATTAI
15751 SHERIDAN ST, #217
FT. LAUDERDALE, FL 33331

MGR

DOMINIQUE ATTAI
15751 SHERIDAN ST, #217
FT. LAUDERDALE, FL 33331

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STATE OF FLORIDA
CLERK OF THE COURT

(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:

Dominique Attai

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.

DOMINIQUE ATTAI

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)