

9/25/24, 10:08 AM

Division of Corporations

L2400041271
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

HH
9.30.24

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.

(((H24000326152 3)))



H240003261523ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GREENBERG TRAUIG (ORLANDO)
Account Number : 103731001374
Phone : (407)418-2435
Fax Number : (407)420-5909

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

**Email Address: mike@beaconconstructiongroup.com

RECEIVED

2024 SEP 25 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.

1139 Seagrape Ln, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

24 SEP 25 AM 9:59

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

(((H24000326152 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

1139 Scagrape Ln, 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:**2765 Tecumseh DriveSAMEWest Palm Beach, FL 33409**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:

Michael T. Conville

Name

2765 Tecumseh DriveFlorida street address (P.O. Box **NOT** acceptable)West Palm BeachFL33409

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. 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.

Michael T. Conville

Michael T. Conville (Sep 24, 2024 15:42 EDT)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H24000326152 3)))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 SEP 25 AM 9:59

(((H24000326152 3)))

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

Michael T. Conville
 2765 Tecumseh Dr.
 West Palm Beach, FL 33409

(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:**Michael T. Conville

Michael T. Conville (Sep 24, 2024 15:42 EDT)

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.

Michael T. Conville

Typed or printed name of signer

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)

(((H24000326152 3)))

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 24 SEP 25 AM 9:59