11/8/24, 11:00 AM Florida Department of State

Division of Corporations Electronic Filing Cover Sheet ...

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.

(((H24000372556 3)))-



H240003725563ABC1

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

To:

1 ... 1 200 133

Division of Corporations

Fax Number : (850)617-6381

Tripley Fig.

Account Name : PYLE, DELLINGER & NAYLOR, PLLC

Phone : (386)615-9007

Account Number : 120000000053

Fax Number : (386)676-2615

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

FLORIDA LIMITED LIABILITY CO. BEAVER INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	. 0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

10 មគ្គ

H24000372556 3

ARTICLES OF ORGANIZATION OF BEAVER INVESTMENTS, LLC

ARTICLE I + NAME $_{\times}$

The name of the limited liability company is BEAVER INVESTMENTS, LLC ("company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 120 S. Woodland Blvd., Ste. 206 DeLand, Florida 32720 Mailing Address: 120 S. Woodland Blvd., Ste. 206 DeLand, Florida 32720

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENTS SIGNATURE

The name and the Florida street address of the registered agent are:

CHRISTOPHER H. KARD 120 S. Woodland Blvd., Ste. 206 DeLand, Florida 32720

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.

CHRISTOPHER H. KARD

H24000372556 3

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

CHARLES H. BEAVER P.O. Box 777

DeLeon Springs, Florida 32130 0777

14

41

ARTICLE V - EFFECTIVE DATES

The effective date of the company shall be November 5, 2024.

REQUIRED SIGNATURE:

March Bear

Signature of a member or an authorized representative of a member

(°com.

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.

CHARLES H. BEAVER

Typed or printed name of signee

H24000372556 3

f"corm-