

L25000062320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

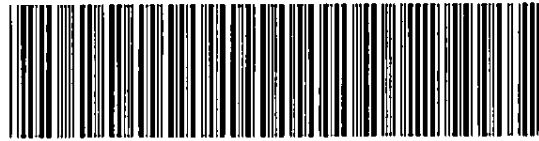
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300442652933

FILED
2025 FEB 13 10:47
2025 FEB 13 PM 3:19

FLORIDA CAPITAL COURIER SERVICES, INC
 2330 CLARE DRIVE
 TALLAHASSEE, FL 32309
 (850) 524-54372
 (850) 524-6243

Please use funds from the account 120210000160: \$125.00

Authorization Signature *James F...*

Betha Holdings Group LLC

Business Name #Document

Walk in _____ Will wait _____

_____ Certified Copy
 _____ Certificate of Status

NEW FILINGS

- _____ Profit
- _____ Not for Profit
- X LLC
- _____ Domestication
- _____ INC
- _____ CORP
- _____ OTHER

AMENDMENTS

- _____ Amendment
- _____ Resignation of R.A.
- _____ Change of Registered Agent
- _____ Revocation of Dissolution
- _____ Conversion
- _____ Statement of Authority
- _____ Merger
- _____ **REVOCAION OF DISSOLUTION**

OTHER FILINGS

- _____ TRANSMITTAL LETTER
- _____ Fictitious Name
- _____ Statement of Authority
- _____ APOSTIL _____
 COUNTRY

REGISTRATION/QUALIFICATIONS

- _____ Foreign Filing
- _____ Partnership
- _____ Reinstatement
- _____ Statement of CORRECTION
- _____ Domestication of a Foreign Corp.
- _____ Other

EXAMINER'S INITIALS: _____

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EXAMINER'S INITIALS:

2005 FEB 18 10:47 AM
TALLAHASSEE, FL
1234567

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BETHA HOLDINGS GROUP 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:

Hal Brown
Name of Person

BETHA HOLDINGS GROUP LLC
Firm/Company

8134 San Carlos circle
Address

Tamarac, FL 33321
City/State and Zip Code

Brownhal08@gmail.com
E-mail address: (to be used for future annual report notification)

2025 FEB 13 10 21 AM
L790 000 3 11 2025

For further information concerning this matter, please call:

Hal Brown 954 864-1061
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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:

BETHA HOLDINGS GROUP 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:

8134 San Carlos circle
Tamarac, Fl 33321

8134 San Carlos circle
Tamarac, Fl 33321

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.)

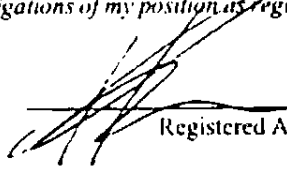
The name and the Florida street address of the registered agent are:

Hal Brown
Name

8134 San Carlos circle
Florida street address (P.O. Box **NOT** acceptable)
Tamarac Fl 33321
City State Zip

270 ... 33321
UN

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.



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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

David Brown
8134 San Carlos circle
Tamarac, FL 33321

(Use attachment if necessary)

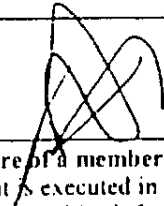
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

David Brown
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)