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(Requestor's Name)

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(Address)

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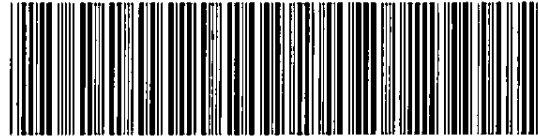(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED 2025 FEB 2... ...9:47

1. **BEE DATIL, LLC**
   (CORPORATE NAME AND DOCUMENT #)

2. _____
   (CORPORATE NAME AND DOCUMENT #)

3. _____
   (CORPORATE NAME AND DOCUMENT #)

4. _____
   (CORPORATE NAME AND DOCUMENT #)

5. _____
   (CORPORATE NAME AND DOCUMENT #)

6. _____
   (CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: New Filing Section
        Division of Corporations

SUBJECT: _____**BEE DATIL, 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:

Austin T. Dailey, Esq.
_____
Name of Person

Klein & Klein, PLLC
_____
Firm/Company

40 SE 11ᵗʰ Ave
_____
Address

Ocala, FL 34471
_____
City/State and Zip Code

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

For further information concerning this matter, please call:
_____Austin T. Dailey, Esq. at (352)732-7750_____

Enclosed is a check for the following amount:

☑$125.00 Filing Fee   ☐$130.00 Filing Fee &   ☐$155.00 Filing Fee &   ☐$160.00 Filing Fee,
                      Certificate of Status   Certified Copy   Certificate of Status &
                                              (additional copy is enclosed) Certified Copy
                                                                      (additional copy is enclosed)

Mailing Address   **Street Address**
New Filing Section   New Filing Section Division
Division of   The Centre of Tallahassee
Corporations P.O.   2415 N. Monroe Street, Suite 810
Box 6327   Tallahassee, FL 32303

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEE DATIL, LLC

ARTICLE II - Address:

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

Principal Office Address:
10705 NE 47TH AVE
ANTHONY, FL 32617

Mailing Address:
10705 NE 47TH AVE
ANTHONY, FL 32617

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:

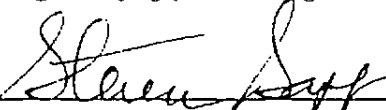### SCHOEPF, SAPP AND ASSOCIATES LLC
ATTN: Steve Sapp
Name

1111 NE 25TH AVENUE, BUILDING 100, SUITE 103
Florida street address (P.O. Box **NOT** acceptable)

OCALA, FL 34470
City/State and Zip Code

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, Florida Statutes.

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

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 | SHANNON E. STEPHENS
10705 NE 47TH AVE
ANTHONY, FL 32617 |
| MGR | MICHAEL S. MCGURK
10705 NE 47TH AVE
ANTHONY, FL 32617 |

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.)
<u>Note:</u> 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 in s.817.155, F.S.

SHANNON E. STEPHENS
Typed or printed name of signee

<u>Filing Fees:</u>
$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)