L11000129790

(Re	questor's Name)	
(Ad	dress)	-
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



400213860384

Effective Date //-//-//

400213860384 11/10/11--01008--015 **160.00

> SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUL MUN UL VAN de

J. SAULSBERRY EXAMINER

NOV 1 5 2011

COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	ECT: BEIA "L.L.C."
5020	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Gabriella Becagli
,	Name of Person
	BEIA "L.L.C."
	Firm/Company
	848 Brickell Key Drive Unit 1602
	Address
ļ	Miami Florida 33131 City/State and Zip Code gbecagli@aol.com E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
-	gbecagli@aol.com E-mail address: (to be used for future annual report notification)
Pon A.m	in the second se
roi tui	
Gabr	riella Becagli at (305) 753-1534 ≦≧ 👼
	Name of Person Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
\$125.0 0	Filing Fee \$\int_{\text{\$130.00 Filing Fee & Certificate of Status}} \begin{array}{ c c c c c c c c c c c c c c c c c c c
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BEIA "L.L.C." (Must end with the words "Limited	d 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 i
Principal Office Address:	Mailing Address:	
848 Brickell Key Drive Unit 1602 Miami Florida 33131	848 Brickell Key Drive Unit 1602 Miami Florida 33131	- -
ARTICLE III - Registered Agent, Regis		

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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member "MGR"	Gabriella Becagli	
	848 Brickell Key Drive Unit 1602	<u> </u>
	Miami Florida 33131	
"MGR"	Claudio lade $\Xi \omega$	2011 NOV
	848 Brickell Key Drive Unit 1602	- Z
	Miami Florida 33131	_ <u>\</u>
"MGRM"	Marcello Becagli	10
	848 Brickell Key Drive Unit 1602	
	Miami Florida 3323111	ှို့ မှာ
		23
		_
		-
(Use attachment if necessary)		
(Use attachment if necessary)		
CLE V: Effective date, if other th	han the date of filing: 11/11/11 (OPTI	ONAL)
effective date is listed, the date r	must be specific and cannot be more than five business	s days pr
days after the date of filing.)		
REQUIRED SIGNATURE:		
	$\bigcap_{i \in \mathcal{I}} A_i$	
Johne	. 11/6 //	

Signature of a member or an authorized representative of a member.

(In accordance with section/608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Gabriella Becagli

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)