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

FEB 2 0 2012 T. HAMPTON

COVER LETTER

TO:	Registration S Division of Co			
SUBJI	ЕСТ:	Beth - From -	Boy LLC. ad Liability Company	
The en	closed Articles of	Organization and fee(s) are s	submitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
		Saffron	Mowatt Name of Person	
			Firm/Company LLC.	
		1240 N	J.W. 46th Ct.	
			Address	
		Landerh	//State and Zip Code	
			Alsouth . net or future annual report notification)	
For fur	ther information	concerning this matter, please	•	
	Saffon Name	Mowatt	at (954) 746 - 80 Area Code & Daytime Tele	chone Number
Enclo	sed is a check fo	or 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIABILITY COM	PANY
ARTICLE I - Name: The name of the Limited Liability Compan	ny is:	
Beth-From-E	Say LLC. Liability Company, "L.L.C.," or "LLC.")	
(Must end with the words Limited	Liability Company, L.L.C., of LEC. J	
ARTICLE II - Address: The mailing address and street address of the mailing address and street address and street address and street address address and street address and street address and street address address and street address address and street address address address address address and street address a	he principal office of the Limited Liability Con	npany is
Principal Office Address:	Mailing Address:	
7240 N.W. 46th Ct.	7240 N.W. 46th Ct.	
7240 N.W. 46th Ct. Lauderhill, FL. 33319	7240 N.W. 46th Ct. Lauderhill, FL. 33319	
7240 N.v. Florida stre Laudeh Ci	Mowatt Name W. 46th Ct. Set address (P.O. Box NOT acceptable) III FL . 33319 ity, State, and Zip	
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complete.	nd to accept service of process for the above state d in this certificate, I hereby accept the appointm pacity. I further agree to comply with the provisi ete performance of my duties, and I am familiar van tregistered agent as provided for in Chapter 608	nent as ions of a vith and
Registered Agent's S	Signature (REQUIRED) 12 FEB 17 12 FEB 17	7
(CON	TINUED)	님

Page 1 of 2

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	Salfron Mowatt 7240 N.W. 46th Ct. Landerhill, FL. 33319
(Use attachment if necessary) CLE V: Effective date, if other than the date of the date o	te of filing: (OPTIONA
CLE V: Effective date, if other than the date effective date is listed, the date must be spondays after the date of filing.) REQUIRED SIGNATURE:	pecific and cannot be more than five business day
CLE V: Effective date, if other than the date effective date is listed, the date must be spontage of the date of filing.) REQUIRED SIGNATURE:	te of filing: (OPTIONAl pecific and cannot be more than five business day business.
CLE V: Effective date, if other than the date effective date is listed, the date must be spoon days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of the date of a manual degree felony as	pecific and cannot be more than five business day town. The an authorized representative of a member. 8(3), Florida Statutes, the execution of this document appearance on submitted in a document to the Department of State The appearance of State and the state of State an
CLE V: Effective date, if other than the date effective date is listed, the date must be specification of the date of filing.) REQUIRED SIGNATURE: Signature of a member of the date of the date of filing.) (In accordance with section 608.403 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as	pecific and cannot be more than five business day an authorized representative of a member. 8(3), Florida Statutes, the execution of this document expenalties of perjury that the facts stated herein are true, on submitted in a document to the Department of State provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the date effective date is listed, the date must be specified days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of the date of filing of the date of filing.)	pecific and cannot be more than five business day town. The an authorized representative of a member. 8(3), Florida Statutes, the execution of this document appearance on submitted in a document to the Department of State The appearance of State and the state of State an
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