

L12000062047

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H12000126365 3)))



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Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
2BEMIXED LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED  
12 MAY -8 PM 1:06  
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B. BOSTICK

MAY - 9 2012

EXAMINER

H 12000126365

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2 BEMIXED LLC.

(Must end with 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:

3501 ANCHORAGE WAY  
MIAMI, FL 33134

SAME

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:

STEPHANIE AGUILERA  
Name

3501 ANCHORAGE WAY

Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33134  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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 608, F.S.

*Stephanie Aguilera*  
Registered Agent/Signature (REQUIRED)

(CONTINUED)

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

STEPHANIE ABUILERA  
3501 ANCHORAGE WAY  
MIAMI, FL 33134

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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12 MAY - 8 AM 7:30  
SECRETARIAT OF FLORIDA  
TALLAHASSEE

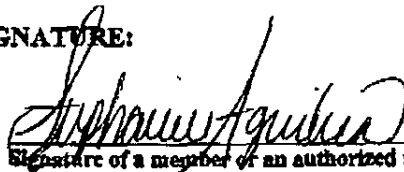
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(Use attachment if necessary)

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.)

**REQUIRED SIGNATURE:**



Signature of a member of 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.)

STEPHANIE ABUILERA

Typed or printed name of signer

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