

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000286319 3)))



H120002863193ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
12 DEC -6 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
VVV BEAUCHAMP 1, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

B. KOHR

DEC -7 2012

EXAMINER

FILED
12 DEC -6 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H120000286319

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The Name of the Limited Liability Company shall be:

VVV BEAUCHAMP 1, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the

ARTICLE III

The mailing address and street address of the principal office of the limited liability company is:

**2100 PONCE DE LEON BLVD, SUITE 825
CORAL GABLES, FL 33134**

ARTICLE IV

The Name of The Managing Member (s) shall be:

MGRM

**JAMES B.D. BEAUCHAMP
2100 PONCE DE LEON BLVD, SUITE 825
CORAL GABLES, FL 33134**

MGRM

**MONIQUE B. BEAUCHAMP
2100 PONCE DE LEON BLVD, SUITE 825
CORAL GABLES, FL 33134**

FILED
12 DEC -6 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H120000286319

12/06/2012 13:13 3056339696

ARTICLE V

The name and Florida street address of the registered agent shall be:

JAMES B.D. BEAUCHAMP
2100 PONCE DE LEON BLVD, SUITE 825
CORAL GABLES, FL 33134

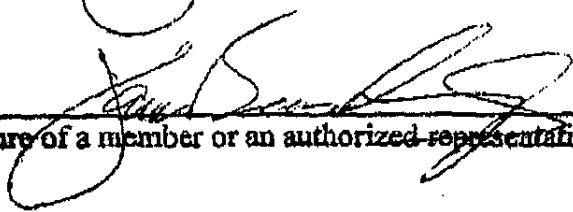
H120002863M

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

VVV BEAUCHAMP 1, LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


Signature of Registered Agent


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)

JAMES B.D. BEAUCHAMP

Typed or printed name signee

H120002863M