L14000017727

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
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2014 JAN 29 AM 8: 09
SECRETARY OF STAFE

FEB -3 2013 T. HAMPTON

COVER LETTER

	egistration Section vision of Corporations						
SUBJECT	BEATING	THE	UTDS	trans	i flumal	House	LL
	Name	of Limited	l Liability Con	npany			
The enclose	ed Articles of Organization and fe	e(s) are su	bmitted for fili	ing.			
Please retur	rn all correspondence concerning	this matter	to the following	ng:			
	Josa S						
			ame of Person				
		•					
			irm/Company				
	2721 NE	10 +	+ Ten				
		<u>, </u>	Address			*	
	Pom PANO B	30H	FL.	3306	.4		
		City/S	State and Zip C	Code		 	
	TESS VE 9	A 54	08 G G	MAIL.	com		
	E-mail add	ress: (to be	used for futur	e annual repor	t notification)		
For further	information concerning this matte	er, please c	all:				
750	USE CANELLEZ	a	· ~ ~ &	03 03	-14		
	Name of Person	at (Area	Code D	aytime Teleph	one Number		
				•	_		
Enclosed is	a check for the following amount						
\$125.00 Fil	ling Fee \$130.00 Filing Fe Certificate of State	us	\$155.00 Filin Certified Cop dditional copy	by '	Certified C	of Status &)
	Mailing Address Registration Section			Courier Additation Section	<u>ress</u>		
	Division of Corporations		Divisio	on of Co rp orat	ions		
	P.O. Box 6327 Tallahassee, FL 32314			Building Executive Cent	er Circle		
	1 ananassee, 1 E 32514			assee, FL 3230			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEATING THE ODD (Must end with the words "Limited	S TRANSITIONAL HOU	s= 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 o	ffice of the Limited Liability Company is:	
Principal Office Address: Maili	ng Address:	
2721 NE 10th Ten. Pomparo Bet AL 33064	2721 NE 10+4 Ten. Pompano soft AC 3306	4
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio	& Registered Agent's Signature: Registered Agent. You must designate an individ	
The name and the Florida street address of the registered	agent are:	
EDGARDO VE	SA	
Florida street address (P.O. Box		
2721 WE 10+H	Ten.	
Florida street address (P.O. Box	NOT acceptable)	
PomPANO ACH	EL FL 33064	
City	FL FL 33064 Zip	
Having been named as registered agent and to accept set the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-Chap. Registered Agent's Signal	t the appointment as registered agent and agree to of all statutes relating to the proper and complete pligations of my position as registered agent as provier 605, F.S turc (REQUIRED)	o act in this performance wided for in
(CONTINU Page 1 of 2	2014 JAN 29 / SECRETARY C TALLAHASSEE	<u> </u>
, and the second	H JAN 29 AM ECRETARY OF LLAHASSEE.F	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR"	JOSE SANCHIEZ
TIVES	4311 NE ISH Ten
	JOSE SANCHEZ 4311 NE ISHH TEN COMPANO OCH AC 33064
AMBR	Jessica Dega- 2721 Ne 1042 Terrace Pompano Beach, FL 330004
(Use attachment if necessary)	
(Ose attachment if necessary)	
of filing.)	ecific and cannot be more than five business days prior to or 90 c
REQUIRED SIGNATURE:	As Asserted the more than the business days prior to or 90 to
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer	mber of an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 6 constitutes an affirmation un I am aware that any false inf	mber of an authorized representative of a member. 605.6203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 6 constitutes an affirmation un I am aware that any false inf	mbey of an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.) SE SANCHEZ
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 6 constitutes an affirmation un I am aware that any false inf	mbey or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document oder the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 6 constitutes an affirmation un I am aware that any false inf constitutes a third degree fel	mber of an authorized representative of a member. 605.6203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees:
Signature of a mer (In accordance with section 6 constitutes an affirmation un I am aware that any false inf constitutes a third degree fel	mber of an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: anization and Designation of Registered Agents.
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 6 constitutes an affirmation un I am aware that any false inf constitutes a third degree fel	mber of an authorized representative of a member. 605.6203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees:

ARTICLE IV-