

LO1000004357

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**LAZARUS CORPORATE FILING SERVICE**

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

400003890394--0  
-03/21/01--01059--004  
\*\*\*\*155.00 \*\*\*\*155.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. BEAUTFORD FUND AND CONSULTANTS, L.L.C.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time 2-00     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA  
 01 MAR 21 PM 1:24

FILED

*W 3/21*

DIVISION OF CORPORATION  
 01 MAR 21 AM 10:48

RECEIVED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

*Zp*

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

**ARTICLE I - NAME:**

The name of the Limited Liability Company is: **Beauford Fund and Consultants, L.L.C.**

**ARTICLE II - ADDRESS:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
**815 N.W. 57<sup>th</sup> Avenue, Suite 125**  
**Miami, FL 33126**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Valentin Lopez  
Name  
815 N.W. 57<sup>th</sup> Avenue, Suite 125  
Florida street address (P.O. Box not acceptable)  
Miami, FL 33126  
City, State, and Zip

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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..*

Valentin Lopez  
Registered Agent's Signature

**ARTICLE IV - Management (Check box if applicable.)**

The Limited liability Company is to be managed by one manager or more managers and is, therefore, a manager- managed company.

Valentin Lopez, J.L.  
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.)

Valentin Lopez