L02 000001076

My name is Norman T. Clarke.
4225 N.W. 170 St., Miami, Fl 33055
Home # 305 623-8549; Cell # 305 772-5770

Name Availability	
Document Examiner	
Updater	~~
Updater Verifyer	DCC
Acknowledgement	DCC
W. P. Verifyer	DCC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: Details of Beyond, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
4225 N.W. 170th St., Miami, Fl. 33055

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

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

Norman T. Clarke
_____
Name

4225 N.W. 170th St.
_____
Florida street address (P.O. Box **NOT** acceptable)

Miami, Fl   FL   33055
_____
City, State, and Zip

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.

_____
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.

(An additional article must be added if an effective date is requested)

_____
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.)

Norman T. Clarke
_____
Typed or printed name of signee

Filing Fees:
✓ $100.00 Filing Fee for Articles of Organization
✓ $ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
✓ $ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE FLORIDA
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FILED