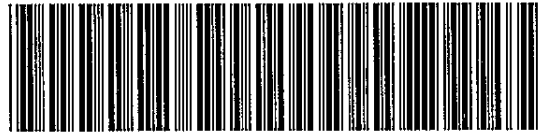


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified C s _____ Certificates of Status _____

Special instructions to Filing Officer:

Office Use Only

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SECRETARY OF STATE
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04 MAR 24 PM 12:55
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

11 Bee's, LLC

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

- Walk in
- Pick up time _____
- Certified Copy
- Mail out
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- Photocopy
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NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

II BEE'S LLC

ARTICLE II - Address

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

300 South Orange Avenue
Suite 1000
Orlando, Florida 32801

ARTICLE III - Registered Agent and Office and Registered Agent's Signature

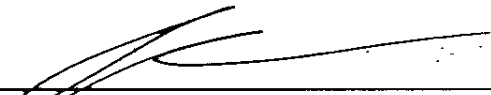
The name and the Florida street address of the registered agent are:

Brian M. Jones, Esq.
300 S. Orange Ave., Suite 1000
Orlando, FL 32801

I, *[Name]*, 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 to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper 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, Florida Statutes.



(Registered Agent's Signature)



Signature of 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.)

Brian M. Jones, Authorized Representative
(Typed or printed name of signee)

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