

L04000022435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



CK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

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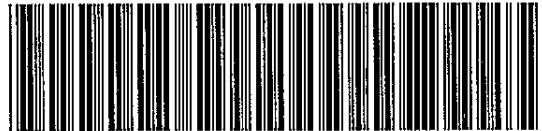
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Certificates of Status

Special

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Office Use Only



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RECEIVED  
04 MAR 24 AM 10:27  
DIVISION OF CORPORATION  
FILED  
04 MAR 24 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Sunstate Research

Requester's Name

Address

City/State/Zip

Phone #

656-5454

Office Use Only

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

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

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

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

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

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

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04 MAR 24 PM 12:55  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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:

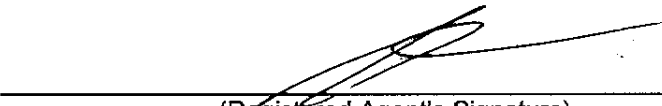
300 South Orange Avenue  
Suite 1000  
Orlando, Florida 32801

**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, *g 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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