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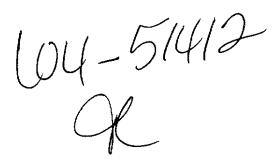
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## TRANSMITTAL LETTER

TO:		tion Section of Corporations				
	D1110101	, or our polations				
SUBJ	ECT:	BEG	CHOLDIN	GS, LLC		
5050		(Name of I	Limited Lia	bility Compar	ıy)	_
The e	nclosed Art	icles of Organization and fee(s	are submi	tted for filing.	\$ 125	
		Please return all corresp	ondence co	oncerning this	matter to the following:	
			JOHN	CARTER		
	•		(Name	of Person)		
			,	·		
			(Firm/	Company)		
		17	654 SW 1	2TH STREE	т .	
			(A	idress)		
		PEMBROKE PINES, FL 33	3029			
			(City/State	and Zip Code)		
For fu	rther infor	nation concerning this matter,	olease call:			
	ال	OHN CARTER	at (	954	442-8198	
		(Name of Person)		(Area Code &	& Daytime Telephone Number)	_

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BEC HOLDINGS, LLC	;				
ARTICLE II - Add					
The mailing address	and street address of the	ne princ	cipal office of the	Limited Liabili	ity Compan
Principal Office Ad	dress:		Mailing Ac	ddress:	
17654 SW 12TH STRE	EET		17654 SW 1	2TH STREET	
PEMBROKE PINES, F	FL 33029		PEMBROKE	PINES, FL 33	029
	gistered Agent, Regist orida street address of			ed Agent's Sig	gnature:
	orida street address of a	the regi		ed Agent's Sig	gnature:
	orida street address of a	the regi		ed Agent's Sig	gnature:
	orida street address of a  JOHN CA  N  17654 SW	the regional ARTER ame	stered agent are:	ed Agent's Sig	gnature:
	orida street address of a  JOHN CA	the regional ARTER ame	stered agent are:	ed Agent's Sig	gnature:
	JOHN CANNEL STREET AND	ARTER ame 12TH S (P.O. B	stered agent are:  TREET ox NOT acceptable)  FLORIDA 3302:		gnature:
	JOHN CANNEL STREET AND	ARTER ame 12TH S (P.O. B	stered agent are:  TREET ox NOT acceptable)  FLORIDA 3302:		gnature:
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The name and the Fl	JOHN CANNEL STREET AND THE STREET AN	ARTER ame 12TH S (P.O. B NES, ate, and t service	TREET  ox NOT acceptable)  FLORIDA 3302: Zip  e of process for the accept the appoints	9 above stated l ment as registe	imited liabil red agent a

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = M "MGRM" =	Name and Address: anager Managing Member
MGRM	TERRY CARTER  17654 SW 12TH STREET  PEMBROKE PINES, FL 33029
(Use attachm	nent if necessary)
	additional article must be added if an effective date is requested.
-	Herry Cartes
	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.)
	JOHN CARTER
	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)