

L05000010213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

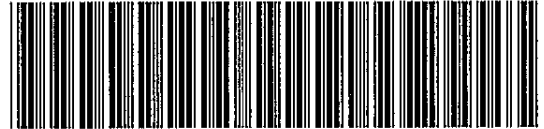
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AK

Office Use Only



700045344457

(02/01/05--10)028--023 **155.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2005 FEB -1 AM 10:42
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
FILED
STANDARD
TALLAHASSEE, FLORIDA
05 FEB -1 PM 12:54

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip Phone #

OFFICE USE ONLY

FILED
05 FEB - 1 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Beaver Merchandise, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEAVER MERCHANDISE, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company

545 SW 29TH ROAD
MIAMI, FLORIDA 33129

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

FEDERICO S J COUPE

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

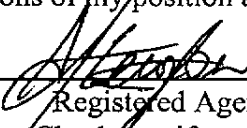
545 SW 29TH ROAD

Florida street address(PO Box NOT acceptable)

MIAMI, FLORIDA 33129

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 designed 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.

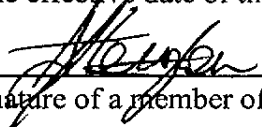

Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable)

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

MANAGER & DIRECTOR: FEDERICO S J COUPE

The effective date of this company is: JANUARY 26, 2005


Signature of a member of an authorized representative of a member

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

FEDERICO S J COUPE

Typed or printed name of signee

FILED
06 FEB - 1 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA