


50.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY
2006

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG -7 AM 9:52

DOCUMENT # L05000027729

1. Limited Liability Company's Name

Begin Holdings, LLC

CR2E041 (8/05)

2. Principal Office Address 4474 SE Cove point St. Suite, Apt. #, etc. City & State Tequesta, FL Zip 33469 Country US		3. Mailing Office Address (SAME) Suite, Apt. #, etc. City & State Tequesta, FL Zip 33469 Country US	
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4. State/Country of Formation US	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date Organized or Qualified To Do Business in Florida m05	
6. FEI Number	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Cheryl Begin	
Street Address (P.O. Box Number is Not Acceptable) 4474 SE Cove point St.	
Suite, Apt. #, Etc.	
City Tequesta,	State FL Zip Code 33469

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Cheryl Begin

Date

7-22-06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Cheryl Begin	4474 SE Cove point St.	Tequesta, FL 33469

900078733019
08/15/06--01045--019 **\$5.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

Cheryl Begin

Date

7/22/06

Daytime Phone #

561 748 0881

Typed or printed name of signing Managing Member/Manager