

L050000 56087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

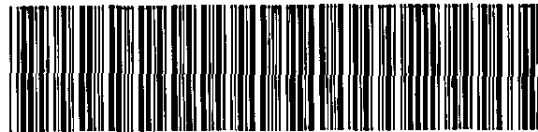
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06/07/05--01050--013 **155.00

RECEIVED
05 JUN -7 PM 12:05
DIVISION OF CORPORATION

FILED
05 JUN -7 PM 5:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 06-07-05

REF. #: 000409.38837

CORP. NAME: BEATRIZ VESCOVACCI, P.L.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 512865 FOR \$ 155.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
BEATRIZ VESCOVACCI, P.L.
(a Florida Professional Limited Liability Company)**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I: - Name

The name of the Professional Limited Liability Company is: **BEATRIZ VESCOVACCI, P.L.**
(the "Company").

ARTICLE II: - Address

The mailing address and street address of the principal office of the Company is: **8330 S.W. 152 Street, Palmetto Bay, Florida 33157.**

ARTICLE III: - Nature of Business

The specific nature of the Company's business is: **REAL ESTATE SALES.**

ARTICLE IV: - Registered Agent, Registered Office, & Registered Agent's Signature:


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

Beatriz Vescovacci
Name

8330 S.W. 152 Street
Florida street address (P.O. Box Not acceptable)


Palmetto Bay, Florida 33157
City, State and Zip

Having been named as registered agent and to accept service of process for the above stated professional limited liability company at the place designated 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 V: - Management (Check box if applicable)

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

 Beatriz Vescovacci, sole member
Signature of 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.)

Beatriz Vescovacci
Typed or printed name of signer