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LIMITED LIABILITY COMPANY

BEAL MANAGEMENT LLC

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Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION OF **BEAL MANAGEMENT LLC**

ARTICLE I

NAME

The name of the limited liability company shall be: BEAL MANAGEMENT LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 9240 SW 72nd St Suite 118, Miami, Florida 33173.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Albert Rodriguez, 9240 SW 72nd St SuiteE 118, Miami, Florida 33173. Located in the County of Miami Dade.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2045,

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Rolando Benitez, 9240 SW 72nd St Suite 118, Miami, Florida 33173 Luis Alonso, 4937 SW 75 Ave, Miami, Florida 33155

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200, Madison, WI 53717

(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: BEAL MANAGEMENT LLC

The name and address of the registered agent and office is Albert Rodriguez, 9240 SW 72nd St SuiteE 118, Miami, Florida 33173. Located in the County of Miami Dade.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Albert Dr.

Date: July 1, 2005

SECRETARY OF STATE

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