

05000089081

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000215946 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED

05 SEP -9 AM 10:42

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

bee and associates, llc

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 SEP -9 AM 10:32

FILED

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

③

H050002159460
**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bee and Associates, LLC

Article II - Address:

The mailing address and street address of the principle office of the Limited Liability Company is:

Principal Office Address:

4321 SW 16 Street
Miami, FL 33134

Mailing Address:

4321 SW 16 Street
Miami, FL 33134

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

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

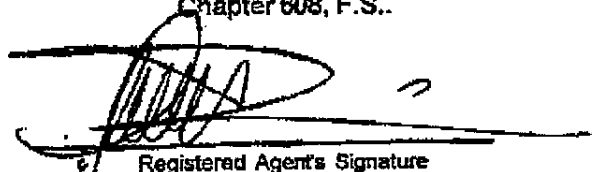
Zuby Morillas
Name

4321 SW 16 Street
Florida street address (P.O. Box NOT acceptable)

Miami, FL 33134
City, State, and Zip

05 SEP -9 AM 10:32
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

H050002159460

H05000215446

ARTICLE IV - Management / Member(s):

The name(s) and address(es) of each Manager or Managing Member is as follows"

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

- MGR - Zulay Morillas
4321 SW 16 Street, Miami, FL 33134
- MGR - Luz Marina Fernandez
14429 NW 83 Path, Miami Lakes, FL 33016
- MGR - Beatriz Yanez de Mora
8301 SW 124 Ave. #105, Miami, FL 33183
- MGRM - Maria Cristina Cuenca
15601 SW 137 Ave., Miami, FL 33177 Apt (301)
- MGRM - Maria Mercedes Pineda
14318 SW 121 Place, Miami, FL 33186
- MGRM - Monica Llerena
16307 SW 45 Terrace, Miami, FL 33185

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 606.408(3), Florida Statutes,
the execution of this document constitutes an affirmation under
the penalties of perjury that the facts stated herein are true.)

Maria Cristina Cuenca

Typed or printed name of signee

H05000215946

FILED

05 SEP -9 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA