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

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

Pax Number : (305) 633-9696

PLORIDA/FOREIGN LIMITED LIABILITY CO.

BEGA, LLC

Certificate of Status	1
Certified Copy	o o
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF (DRGANIZATION I	FOR FLORIDA LIMITED LIABILITY COMP	ANY				
ARTICLE I - No.	ame: Limited Liability Con	apany is:		,			
BEGA, LLC							
(Must end with the wo	rds "Limited Liability Compi	any, "Limited Company" or their abbreviation "LLC," or "L.C.,")					
ARTICLE II - A	iddress:						
- •		of the principal office of the Limited Liability Compa	any is:				
Principal Office Address: Mailing Address:							
4008 MEADOWLARK DR		4008 MEADOWLARK DR	4008 MEADOWLARK DR				
KISSIMMEE, FL 347	46	KISSIMMEE, FL 34748					
(The Limited Liability	Registered Agent, Re Company cannot serve as its a active Florida registration.)	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or unother	2005 JAN 1	DIVISION C			
The name and the	Florida street addres	s of the registered agent are:	19	SY C			
	MARIO GARZON			CORPOR			
Name			PM II:	S IZ			
	4008 MEADOWLA	RKDR	22	ST.			
•	Florida	a street address (P.O. Box NOT acceptable)		*			
	KISSIMMEE	FL 34746					
	Ci	ty, 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 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 (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV-Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	MARIO GARZON		
	4008 MEADOWLARK OR		
	KISSIMMEE, FL 34748		
MGRM	CARLOS BETANCUR		
•	4925 CASON COVE DR APT	.27	
	ORLANDO-FLORIDA. 32822		
			2005 JAN 19
(Use attachment if necessary)		,	19 PI
LEV: Effective date, if other than ti	e date of filing	(OPTIONA	117-

REQUIRED SIGNATURE:

Signature of a 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.)

MARIO GARZON

Typed or printed name of signec

Filing Feet;

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 39.90 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

Page 2 of 2