

## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

: (305) 633-9696

# DA/FOREIGN LIMITED LIABILITY CO.

BEO, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 02       |
| Estimated Charge      | \$155.00 |

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EMPIRE CORP.

P.01/02





#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE | Name:

The name of the Ulmited Liability Company is:

BEO, LLC

**ARTICLE II Address:** 

The mailing address and street address of the principal office of the Limited Liability Company is: 3531 Griffin Road
Ft. Lauderdale, Florida 33312

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

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

|  | Hagen & Hagen, P.A. |
|--|---------------------|
| Name   |                     |
| Fiorida Street address (P.O. Box NOT acceptable) |                     |
| Pt. Lauderdale, FL 33312<br>City, State, and 7lp |                     |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the p/ece 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 amyfamiliar with and accept the obligations of my position as registered agent as provided in Chapter 608, Forida Statutes

Registered Agent Signature

Article (V - Management (Check box if applicable,)

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

(An additional article must be added if an effective date is requested)

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.)

Boaz Lewkowski
Typed or printed name of algonoe

This instrument prepared by: Max M, Hagen, Kaquire Florida Bar No.: 032722

Hagen & Hagen, P.A. 3531 Griffin Road Ft Lauderdaje, Fjoride 33312

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