

L07000014316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

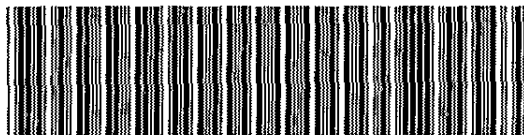
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/07/07--01032--014 **160.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 FEB -7 PM 1:10
TO APPROVE
SUFFICIENCY OF FILING
FILED
07 FEB -7 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

* Need Today Please *

Thank You!!

07 FEB -7 PM 4:09
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: TRACY SPEAR

DATE: 02/07/08

REF. #: 000668.63791

CORP. NAME: BESILU 182, LLC

- | | | |
|--|---|---|
| <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# 520159 FOR \$ 160.00

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 checked="" type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
BESILU 182, LLC
a Florida limited liability company

FILED
07 FEB -7 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited liability company is BESILU 182, LLC.
2. The street address of the principal office of the limited liability company is:

11501 S.W. 40th Street
Miami, Florida 33165
3. The mailing address of the principal office of the limited liability company is:

11501 S.W. 40th Street
Miami, Florida 33165
4. The name and street address of the initial registered agent of the limited liability company are:

Albert R. Maury
11501 S.W. 40th Street
Miami, Florida 33165

Dated: as of January 22, 2007

By: 

Albert R. Maury
Authorized Representative

**ACCEPTANCE OF APPOINTMENT
AS REGISTERED AGENT**

The undersigned, who has been designated in the foregoing Articles of Organization as registered agent for the limited liability company therein named, hereby agrees that (i) he accepts such appointment as registered agent and will accept service of process for and on behalf of said limited liability company, and (ii) he is familiar with and will comply with any and all laws relating to the complete and proper performance of the duties and obligations of a registered agent of a Florida limited liability company.

Dated: as of January 22, 2007



Albert R. Maury, Registered Agent