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Florida Department of State  
Division of Corporations  
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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

LS

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**beckaloo, llc**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I  
Name**

The name of the Limited Liability Company is:

**BECKALOO, LLC**

**ARTICLE II  
Address**

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

7785 SW 86 Street, #E324  
Miami, Florida 33143

**ARTICLE III  
Registered Agent, Registered Office & Registered Agent's Signature**

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

Warren Bilchik  
9130 S. Dadeland Blvd., Suite 1101  
Miami, Florida 33156

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..

  
Warren Bilchik

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**ARTICLE IV  
Members/Managers**

Listed below are the initial members/managers of the limited Liability Company and their respective percentages of ownership

Rebecca Roisman 100%

**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.

Rebecca Roisman  
Signature of a member

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalty of perjury that the facts stated herein are true

Rebecca Roisman  
Typed or printed name of signee

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