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SECRETARY OF SATIONS DIVISION OF CORPORATIONS

COVER LETTER

TO: Registratio Division of	n Section Corporations		
_{SUBJECT:} Beyo	ond Creative Works, Ll	_C	
30bbec1	(Name of Limited L		
The enclosed Article	s of Organization and fee(s) are sub	nitted for filing.	
Please return all corr	espondence concerning this matter to	o the following:	
Carlos F	. Robles		
	· (Nar	me of Person)	
Starbrig	ht Solutions, LLC		
	(Fir	m/Company)	
2200 N	COMMERCE PKWY S	SUITE 109	OIVIS SEVIO
		(Address)	OC SEE
WESTO	N, FL 33326	,	F 26
	(City/Sta	ate and Zip Code)	PH
For further informati	on concerning this matter, please cal	II:	TOCT 26 PH 1:41
Alejandro Go	onzalez	, 954 \ \ 385-8262	
	atme of Person)	(Area Code & Daytime Telephone No	ımber)
Enclosed is a check	c for the following amount:		
√ \$125.00 Filing Fe	e \$\sums\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	0 Filing Fee, icate of Status & ied Copy onal copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Beyond Creative Works, LLC (Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company
The maning address and shoet address	, i ,
Principal Office Address:	Mailing Address:
-	

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

ARTICLE I - Name:

business entity with an active Florida registration.)

Starbright Solutions, LLC

Name

2200 N COMMERCE PKWY SUITE 109

Florida street address (P.O. Box NOT acceptable)

WESTON, FL 33326 FL

City, 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)

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

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

MGRM	Carlos F. Robles
·····	101 S Ft. Lauderdale Beach Blvd #2105
	Fort Lauderdale, FL 33316
MGRM	Jean Quilici
	2544 Jardin Dr
	Weston, FL 33327
MGRM	Victor Melillo
	2497 Eagle Watch Ln
	Weston, FL 33327
MGRM	Alejandro Gonzalez
	411 N New River Dr E Apt. 1602
	Fort Lauderdale, FL 33301
(Use attachment if necessary)
	than the date of filing: (OPTIONA e must be specific and cannot be more than five business day
days after the date of filing.	

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.)

Alejandro Gonzalez

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)