

208 00 0041060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700125458477

04/24/08--01007--014 \*\*155.00

RECEIVED

08 APR 24 AM 10:56

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

08 APR 24 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

APR 24 2008

EXAMINER

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

Office Use Only

FILED  
08 APR 24 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. BAECARS, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in    ☒ Pick up time 2:00    ☒ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

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

FILED  
08 APR 24 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I – Name:** The name of the Limited Liability Company is:

**BAECARS, LLC**

**ARTICLE II – Address:**

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

**Principal Office Address:**

11324 NW, 43<sup>rd</sup> Terrace,  
Doral, FL, 33178.

**Mailing Address:**

11324 NW, 43<sup>rd</sup> Terrace  
Doral, FL, 33178.

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

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

**BYRON ALBERTO ESPINOSA**

**11324 NW, 43<sup>rd</sup> Terrace  
Doral, FL 33178**

*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..*

**BYRON ALBERTO ESPINOSA**

  
\_\_\_\_\_  
Registered Agent's Signature

(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:

**Title:**

**Name and Address:**

MGRM

MONICA DEL SOCORRO FEIJOO

MGRM

BYRON ALBERTO ESPINOZA

**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.)

**MONICA DEL SOCORRO FEIJOO**

\_\_\_\_\_  
**Typed or printed name of signee**