

L080000 77560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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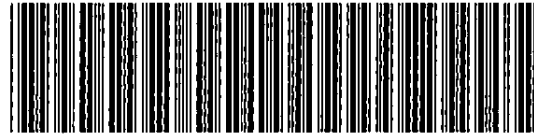
(Business Entity Name)

(Document Number)

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

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08 AUG 13 AM 10:17  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

8/8/08

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08 AUG 13 PM 1:15  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

AUG 13 2008

EXAMINER

Charter Number Only

8/11/08

Elizabeth Hidalgo

330 W. 9th Street Ste 4

Hialeah, FL 33010

City State ZIP Phone

(786) 517-6517

CORPORATION(S) NAME

MIAMI BEATZ LLC

VALIDATION ONLY

EFFECTIVE DATE

8/8/08

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TALLAHASSEE, FLORIDA

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit           | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Annual Report   | <input checked="" type="checkbox"/> Other LLC       |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem            |
| <input checked="" type="checkbox"/> Walk-In  | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up         |
|  | <input type="checkbox"/> After 4:30      | <input type="checkbox"/> Mail Out                   |

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8/8/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIAMI BEATZ LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

12673 SW 28TH CT  
MIRAMAR FL. 33027

Mailing Address:

12673 SW 28TH CT  
MIRAMAR FL. 33027

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JOSE RODRIGUEZ JR.

Name

12673 SW 29TH CT

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

MIRAMAR FL. 33027

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)

(CONTINUED)

Page 1 of 2

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

JOSE RODRIGUEZ JR.

12673 SW 28TH CT

MIRAMAR FL. 33027

MGRM

ARIAN PADRON

235 WEST 64 STREET

HIALEAH FL. 33012

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 08/08/2008. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

**JOSE RODRIGUEZ JR.**

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)**