

L09000041821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

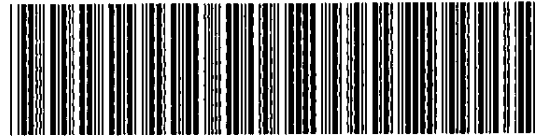
(Business Entity Name)

(Document Number)

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DEPT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

5/1/09

FILED

09 APR 30 PM 1:25

DEPT OF REVENUE  
TALLAHASSEE, FLORIDA

B. KOHR

APR 30 2009

EXAMINER

Charter Number Only

4/29/09

Rolando E. Leiva CPA PA

Requestor's Name

7400 SW 50 TERR #302

Address

Miami, FL 33155

City

State

ZIP

Phone

(305) 663-1511

VALIDATION ONLY

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09 APR 30 PM 1:25  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 5/1/09

CORPORATION(S) NAME

BeA Agency, LLC

- |  |  |   |
|--|--|---|
| <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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W.P. Verifier

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

Date: April 28, 2009

ARTICLE I – NAME:

The name of the Limited Liability Company is:

**BeA AGENCY, LLC**

EFFECTIVE DATE

5/1/09

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TALLAHASSEE, FLORIDA

ARTICLE II – ADDRESS:

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

11 ISLAND AVENUE, UNIT #806, MIAMI BEACH, FL 33139

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, &  
REGISTERED AGENT'S SIGNATURE:

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

BEATRICE ROY

Name

11 ISLAND AVENUE, UNIT #806

Florida Street Address

MIAMI BEACH, FLORIDA 33139

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.

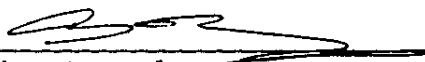
  
\_\_\_\_\_  
Registered Agent's Signature

#### **ARTICLE IV – MANAGEMENT**

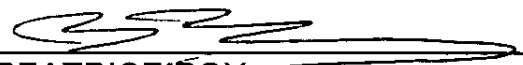
The Limited Liability Company is to be considered a single manager LLC and is therefore a SINGLE MANAGER LLC company.  
The initial SINGLE MANAGER is BEATRICE ROY

#### **ARTICLE V – EFFECTIVE DATE**

The effective date of the Limited Liability Company shall be: MAY 1<sup>ST</sup>, 2009.

  
\_\_\_\_\_  
Signature of 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

  
\_\_\_\_\_  
BEATRICE ROY.  
Member/Manager of LLC

APRIL 29, 2009