11)00 DU2171 orida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000151224 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

ቸል:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

: (305)634-3694

Fax Number ·

: (305)633-9696

ELORIDA/FOREIGN LIMITED LIABILITY CO.

fa be, llc

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

D. BRUCE

JUN 26 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

6/25/2009

EMPIRE CORP KIT

9696889908

98:81 6002/92/90

H09000151224

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

Fa Be, LLC

ARTICLE I

The name of the Limited Liability Company shall be: Fa Be, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company: 8009 NW 95th Lane, Tamarac, Florida 33321

ARTICLE IV

The name and the Florida street address of the registered agents
Ivan Valenzuela, 8009 NW 95th Lane, Tamarac, Florida 33321

ARTICLE V

The name of the Managing Members:

Ivan Valenzuela

Maria Beatriz Garay Chica

H09000151224

H09000151224

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

Fa Be, LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Registered Agent

Signature of a member of 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.)

Juan Volenguelo
Typed or printed name of signee

H09000151224