L100000003587

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/State/21p/Fillone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer: 55313 A. LUNT JAN 12 2010
EXAMINER

Office Use Only

900163790769

12/21/09--01028--012 **130.00

ZOIO JAN II PH 1: 34 SECRETARY OF STATE TALLAHASSEF F STATE

UNT 1 2 2010



December 22, 2009

BEY MARIO LOMABANA DE OBALDIA 1451 S MIAMI AVE. SUITE 1208 MIAMI, FL 33130

SUBJECT: BEY INC L.L.C. Ref. Number: W09000055313

We have received your document for BEY INC L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 509A00038842

Agnes Lunt Regulatory Specialist II

COVER LETTER

SUBJECT:		BEY INC	
	Name of Limit	ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	BEY MARIO	LOMBANA DE OBALDIA	
, , , , , , , , , , , , , , , , , , , 		Name of Person	72.00
		BEY INC	2010 JAN II SECRETARY TALLAHASSE
		Firm/Company	AR) ASS
	1451 S M	IAMI AVE SUIT 1208	TH R
		Address	T CORE 1: 3
	MI	AMI/ FL 33130	NOA
	·····	ty/State and Zip Code	
		mbana@aol.com	
	E-mail address: (to be used)	for future annual report notification)	
For further information	n concerning this matter, please	e call:	
BEY MA	RIO LOMBANA	at (305) 77	72-43-06
Nam	e of Person	Area Code & Daytime Telep	
Enclosed is a check	for the following amount:		
_	_	□6155 00 Eilim E	16170 00 Eiline Ees
13 123.00 Fining Fee	✓\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)]\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center C	ircie

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ine name of the Limite	ed Liability Company is	S.	
(Misset on	BEY L.I	L.C. bility Company," "L.L.C.," or "Ll	10.7
(Must en	a with the words Limited Lian	вину Сотрану, "L.L.С., от "L	u.,
ARTICLE II - Addres			
The mailing address an	d street address of the	principal office of the Lin	nited Liability Company is:
Principal Office Addr	ess:	Mailing Address:	
1451 S Miami Ave	·····	1451 S Miami Ave	
# 1208		# 1208	
Miami, FL 33130-432	23	Miami, FL 33130-43	323
The hame and the Pion	da street address of the BEY MARIO		201 SE
	Name	е	TIL SECRETAR ALLAHASS
	1451 S Miam	ni Ave # 1208	TAR ASS
-1-1-1-1	Florida street address (P.C	O. Box <u>NOT</u> acceptable)	rii ≺
	Miami, FL 33130	FL	
	City, State,	and Zip	TATE ORID
liability company at	the place designated in	this certificate, I hereby a	for the above stated limited accept the appointment as ply with the provisions of all
statutes relating to th	e proper and complete p	performance of my duties,	and I am familiar with and
accept the obligation	ns of my position as reg	gistered agent as provided	for in Chapter 608, F.S
	335		_
	Registered Agent's Signa	ature (REQUIRED)	

(CONTINUED)

Page 1 of 2

	ARTICLE IV- Mana	- ''	` •		
	The name and address	of each Manager	or Managing Member is as follo		
	Title: "MGR" = Manager "MGRM" = Managing	Member	Name and Address:	SECRETA TALLAHAS	TE
MGR	BEY MARIO LOMBA	ANA	1451 S MIAMI AVE # 1208 MIAMI, FL 33130	SSEE, FLO	
MGRM	ANA GISELLE LOM	BANA	1451 S MIAMI AVE # 1208 MIAMI , FL 33130	RIDA	35
	,			······································	
				· · · · · · · · · · · · · · · · · · ·	
	(Use attachment if nec	essary)			
(If an e	ffective date is listed, the days after the date of	ne date must be s filing.)	nte of filing:		,
	REQUIRED SIGNAT	TURE:			
		_ & & C	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		
	Signa	ture of a member o	r an authorized representative of a	member.	
	of th		on 608.408(3), Florida Statutes, the exe tes an affirmation under the penalties of a are true.)		
			MARIO LOMBANA		
		Турес	d or printed name of signee		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)