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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

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SECRETARY OF STATE

FLORIDA LIMITED LIABILITY CO. BEET THE LBS LLC

Certificate of Status 0
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Page Count 03
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\$155.00

D. BRUCE

JUN 7 2010

EXAMINER

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ARTICLE I - Name:

H10000130151

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Bect the 165 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: Mailing Address:
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 ontity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Laura Llaguno
Name
1224 HIJGO AVE Plorida street address (P.O. Box NOT acceptable)
Coval Galls FL 33134 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
Marin	LAURA LIGGUNO 1224 Milan Ale Coral Gablis F. 33134	
Marm	Yvette Prieto 1001 NE 310 St 1810 Miami Fl 33137	
Marm	4155elle Bastidas 1111 SUI AVE #2330 Micmi Fl. 33130	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date of filing: (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 penaltics of perjury that the facts stated herein are true.) Typed or printed name of signee		
Flling 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)

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