(Re	equestor's Name)	
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PICK-UP	MAIT WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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J. SAULSBERRY **EXAMINER**

MAR _ 7 2012

COVER LETTER

Division of	f Corporations		,			
_{SUBJECT:} Bee	Bee Kids LLC					
	Name of Limite	ed Liability Comp	pany		 -	
The enclosed Article	es of Organization and fee(s) are	submitted for filin	ıg.			
Please return all cor	respondence concerning this matt	er to the following	g:			
Jackso	n Staack					
<u>oaonoo</u>	·	Name of Person				-
	•	• .	***			
Bee Be	e Kids LLC				•	
		Firm/Company				-
1071 N	E 79th Street Unit 1	02		TALL	2017	
		Address		AH.	HAR	-
				TAR ASS	ŀ	*********
<u>Miami, F</u>		(C. 4 10° - C. 1		<u> </u>	5	- in-s
la alcata -		//State and Zip Cod	e	S.F.S.	R	1
jack.staa	ck@gmail.com E-mail address: (to be used f	or future annual ren	ort notification)	95	_ సై	<u></u>
			or nouncation;	D.E.	22	
For further informat	ion concerning this matter, please	call:				
Jackson Staat	ck	at (305	, 674-8080	1		
Na	ime of Person		e & Daytime Tel	ephone Number		
Enclosed is a chec	k for the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	рру	\$160.00 Filing Certificate of S Certified Copy (additional copy i	Status &	
				(additional copy I	a cheroact	4)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Ex	ourier Address ion Section of Corporation Building ecutive Center see, FL 32301	ıs		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

business entity with an active Florida registration.)

Bee Bee Kids 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: 1071 NE 79th Street Unit 102 Miami, FL 33138 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

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

Jackson Staack
Name

5970 Indian Creek Unit 308

Florida street address (P.O. Box <u>NOT</u> acceptable)

Miami Beach FL 33140

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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
	Jackson Staack 5970 Indiana Creek Unit 308 Miami, FL 33140
	7 ZE
	ZOIZ HAR 75 / SECRETARY OF TALLIAHASSEE
	JF S TAT LORI
/II // 1 //C	DA DA
(Use attachment if necessary)	DA DA
LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.)	the date of filing: (OPTION. st be specific and cannot be more than five business da
LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business da
LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation of a management of the constitutes are affirmation of a management of the constitutes are affirmation of a management of the constitutes are affirmation of the consti	mber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State
LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation of a management of the constitutes are affirmation of a management of the constitutes are affirmation of a management of the constitutes are affirmation of the consti	ember or an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. 1 a formation submitted in a document to the Department of State ellony as provided for in s.817.155, F.S.)
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Page 2 of 2

of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)