L12000089119

Florida Department of State
Division of Corporations
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.

(((H12000177786 3)))

H12000177786ABC6

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL -9 PM 9:18

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
PROPER BEACH, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$155.00

RECEIVED
12 JUL -9 PM 1:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

B KOHR
JUL 10 2012
EXAMINER

H12000177786

Martinez-Marquez, CPA, PA.
6303 Blue Lagoon Drive, Suite 200
Miami, Fl 33126

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG -9 AM 9:18

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

PROPER BEACH, LLC

ARTICLE II - Address

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

1942 NE 148 St., #6254
North Miami, FL 33181

ARTICLE III - Registered Agent, Registered Office, & Registered Agents' Signature

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

Mario Colla
1942 NE 148 St., #6254
North Miami, FL 33181

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 - Managers or Managing Members

Title:	Name and Address:
MGRM	Mario Colla 1942 NE 148 St., #6254 North Miami, FL 33181
MGRM	Jose Gabriel Colla 1942 NE 148 St., #6254 North Miami, FL 33181

ARTICLE V - Percentage Participation of Members

The Percentage participation of the members shall be as follows:

Mario Colla	50%
Jose Gabriel Colla	50%

ARTICLE VI - Management

The business of the company shall be conducted under the exclusive management of its managing members, who will have the exclusive authority to act for the company in all matters. Each LLC member acting in their individual capacity shall have the authority to bind the LLC to a third party with respect to any matter.

REQUIRED SIGNATURES:

Mario Colla

Jose Gabriel Colla