# L12000136541

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PICK-UP WAIT MAIL
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SECRETARY OF STATE
AND ANSWER FILERIN

D. BRUCE

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EXAMINER

# **COVER LETTER**

TO:	Registration of	n Section Corporations		
CHDI	ECT. B	est Beat, L	.L.C	
SUBJ	EC1:	Name of Limited	d Liability Company	
The er	nclosed Article	es of Organization and fee(s) are su	ubmitted for filing.	
Please	return all con	respondence concerning this matte	r to the following:	
	Jos	e Goris Ja	<b>L</b> .	
		1	Name of Person	
	Bes!	- Beat, L.L.	C.	
	2100	Ponce De	Leon BLVd.	Suite 1045
	Cora	Gables, F City/ JIGGY20 <00	LONIDA 331	34
	, -	City/	State and Zip Code	
		E-mail address: (to be used for	r future annual report notification)	
For fu	rther informat	on concerning this matter, please		SECREIARY ALL AHASSE ALL AHASSE
Jos	se Go	nis In.	347 432-	6 <i>881</i>
	Na	me of Person	Area Code & Daytime Teleph	hone Number
Enclo	sed is a chec	k for the following amount:		hone Number
		\$130.00 Filing Fee & [	\$155.00 Filing Fee &	\$160.00 Filing Fee; '
		Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I	-	N	aı	me:	
The name o	f	tŀ	e	Ī.	imit	e

The name of the Limited Liability Company is:

BEST BEAT, L.L.C.

(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:	<u>Mailing Address:</u>			
2100 Ponce De Lean Blud.	311 SW 384 CT.			
Suite 1045	CURI GASIES, FL 33134			
Cural Gables, EC 33134				

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 entity with an active Florida registration.)

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

Tose Gokis Jn.

Name

2100 Ponce De Leon Blvd. Suite 1975 Florida street address (P.O. Box NOT acceptable)

Coral Gables 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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 10/22/12

# ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Jose Goris Jn.  311 SW 38th CT.  Coral Gables, FC 33134
(Use attachment if necessary)	
LE V: Effective date if other than the	edate of filing. OCT. 22, 2012 (OPTION

ARTICLE V: Effective date, if other than the date of filing: (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 penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Filing 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)