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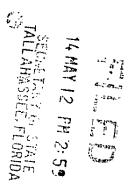
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J. Shivers MAY 2 0 2016

COVER LETTER

	istration Section ision of Corporations	
SUBJECT:	Becca	BREZZA
		Name of Limited Liability Company
The enclosed	Articles of Organization	on and fee(s) are submitted for filing.
Please return	all correspondence con	ncerning this matter to the following:
	TRE	Panc Brinses;
_		Name of Person
	×	BELLA BREZZA
_		Firm/Company
	509 A	NOCH OCHANSHOLL BLVD.
	TRAGE	City/State and Zip Code COM Complete
_		City/State and Zip Code
	E-mail addr	rest: (to be used for future annual report notification)
For further in	formation concerning th	
	- (-aa)	eul .572 2107
	Name of Person	at (at (
Enclosed is a	check for the following	g amount:
l \$125.00 Filir	ig Fee □\$130.00 F	Filing Fee & \$\Bigcup \\$155.00 \text{ Filing Fee & }\Bigcup \\$160.00 \text{ Filing Fee,}\Bigcup \Bigcup \Bigcu
	Mailing Address	Street/Courier Address
	Registration Section Division of Corpor	rations Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32	Clifton Building 2314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the	Limited Liability	Company is:			
	Becca	Brezza	LLC		
	(Must end w	ith the words "Limited	d Liability Co	ompany, "L.L.C.," or "L	LC.")
ARTICLE II - A		dress of the principal o	office of the L	imited Liability Compa	any is:
Principal Office	Address:		Mailing	Address:	
509 Vot	TH OCEANS	hore BLUD	Bu	LA BIEZZA	LLC
TRACKEN	BEACH, 3	2.32/36	509	NORTH OCEA	MSHORE BUD
	<u></u>			ACKEN BIACH.	TR 32/36
(The Limited Lia another business	bility Company of entity with an ac e Florida street ac	annot serve as its owr tive Florida registration dress of the registered	n Registered A on.) d agent are:	d Agent's Signature: Agent. You must design	ate an individual or
	Tr	Fank GRIT Name 161 NORTH C	1400		
		Name	e		
	2,	101 NORTH (en RAZ	- AVZ	
	Florida st	reet address (P.O. Bo	x NOT accept	table)	
	TACI	10 Rear 1		22/2/-	
	7207002	en Beach	FL	Zip	
		•		•	
the place desi capacity. I furt	ignated in this cer ther agree to com	tificate, I hereby acceptly with the provisions with and accept the ob-	ot the appoint of all statutes	ment as registered agen relating to the proper of ty position as registered	limited liability company at and agree to act in this and complete performance d agent as provided for in
	Re	gistered/Agent's Signa	m.		TA HAY
		CONTINU	·	,	12 17 17 17 17 17 17 17 17 17 17 17 17 17
		Page 1 of	2		DRID ORID

<u>Title:</u> "AMPD" — Authorize	ad Mamhar	Name and Address:
"AMBR" = Authorize "MGR" = Manager	ed Member	
WON - Wallager	-AMBL	MONE SUYARDI
	-170~	2101 N. Contral AVE
		FLAGUN BLOCK TL 52/36
	44	Daylor Gulden
	- HCR	2101 A Croppy Als
		MAGEIN BEACH TO 32136
		
	_	
		
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EV: Effective date, if ective date is listed, the filing.)	fother than the date of fil ne date must be specific	
EV: Effective date, if ective date is listed, the filing.)	fother than the date of fil ne date must be specific	
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E V: Effective date, if settive date is listed, the filling.) E VI: Other provisions REQUIRED SIGNA	TURE: Signature of a member new with section 605,020	r or an authorized representative of a member.
E V: Effective date, if sective date is listed, the filing.) E VI: Other provisions REQUIRED SIGNA (In accordance constitutes a	TURE: Signature of a member and affiguration under the	r or an authorized representative of a member.
E V: Effective date, if sective date is listed, the filing.) E VI: Other provisions REQUIRED SIGNA (In accordance constitutes a I am aware	TURE: Signature of a member and affirmation under the that any false information.	r or an authorized representative of a member.
E V: Effective date, if sective date is listed, the filing.) E VI: Other provisions REQUIRED SIGNA (In accordance constitutes a I am aware	TURE: Signature of a member new with section 605.020 an affirmation under the that any false information a third degree felony as particular than the section of the secti	r or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document pendities of perjury that the facts stated herein are tiple, and submitted in a document to the Department of State provided for in s.817.155, F.S.)
E V: Effective date, if sective date is listed, the filing.) E VI: Other provisions REQUIRED SIGNA (In accordance constitutes a I am aware	TURE: Signature of a member an affirmation and file that any false information a third degree felony as part of the standard	r or an authorized representative of a member. 33 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are in a document to the Department of State provided for in s.817.155, F.S.)
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E V: Effective date, if settive date is listed, the filing.) E VI: Other provisions REQUIRED SIGNA (In accordance constitutes a fam aware constitutes a	TURE: Signature of a member an affirmation under the that any false information a third degree felony as particular to the that any false information at the third at	r or an authorized representative of a member. 33 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are in a document to the Department of State provided for in s.817.155, F.S.)