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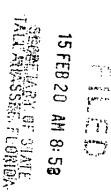
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J. Shivers FEB 2 6 2015

COVER LETTER

Division of Corporations
SUBJECT: The Bee's Knets Food Truck, LLC. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eric Allen
Name of Person
The Bee's Knecs Firm/Company
8575 SW 125 St Address
Miami, FL. 3315U City/State and Zip Code eeeman 8@hotmail.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Yohanka Allen at (786) 238-8298 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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 Circle Taliahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
The Bee's Knecs Food Truck, 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:
8575 SW 125 st Same Miami, FL. 33156
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:
Jaime Rodriguez Jr., Esq.
1888 NW 7m St
Florida street address (P.O. Box NOT acceptable)
Miami FL 33125 City Zip
City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company 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 605, F.S
GO G
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Am BR	Eric Allen 8575 SW 125 St Miami, FL 33186
AMBR	Yohanka Allen 8575 SW 125 St Miami, FL 33156
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) CLE VI: Other provisions, if any.	date of filing:
LE VI. Other provisions, it any.	
n a	
REQUIRED SIGNATURE:	7
Signature of (In accordance with section constitutes an affirmation I am aware that any false	a member or at authorized representative of a member. on 605.0205 (1) (b). Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
Signature of (In accordance with section constitutes an affirmation I am aware that any false	on 605.0205 (1) (b). Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State
Signature of (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree	on 605.0205 (1) (b). Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) FRIC ALLEN Typed or printed name of signee Filing Fees: f Organization and Designation of Registered Agent al)