L15000854/2

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W5-25124



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03/19/15--01020--013 **130.00



Office Use Only

MAY 14 2015 D. BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2015

LAURA KEY 2141 NE 54TH COURT FORT LAUDERDALE, FL 33308

SUBJECT: BEE HOLDINGS, LLC Ref. Number: W15000025724

We have received your document for BEE HOLDINGS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, of it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L14000123586.

Please enter the a title in article IV.,

L14000123586

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 015A00007343

Deborah Bruce Regulatory Specialist II FILED

COVER LETTER

	of Corporations	Bees 3 Holding	gs, LLC.			
SUBJECT: <u>Bee</u>		imited Liability Company	200			
	les of Organization and fee(s)	-				
Laura		Name of Person				
<u>Bee H</u>	oldings, cit c Bee		LLC	antia disale disale no ta		
<u>.2141 ı</u>	ne 54th court	Address				
<u>fort lau</u>	iderdale fl 33308			3	-	η
		City/State and Zip Code				سيد. جسين
laurkev@ama	ail.com. There is no A in La	ura		5	- 1	
<u> </u>	E-mail address: (to be us	ura ed for future annual report notifica	ation)	F 2	2 1	17
For further informa	tion concerning this matter, pl	ease call:				بعصب الرحاطة
Laura or Ted Key N	at (954) 661-6367 Area Code Daytime Te	lephone Number		•	
Enclosed is a check	for the following amount:					
☐ \$125.00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Certificate of St Certified Copy (additional copy is	tatus &		

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 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Bee Holdings, LLG Bees 3 Holdings (Must end with the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	2141 ne 54th court Fort Lauderdale Fl 33308
ARTICLE III - Registered Agent, Registered Office, & I (The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.) The name and the Florida street address of the registered ag Laura Key	egistered Agent. You must designate an individual or
Name	Vi 2
2141 ne 54th court Florida street address (P.O. Box N	OT acceptable)
Fort Lauderdale City	FL 33308
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of a of my duties, and I am familiar with and accept the obliga	ce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this that all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Tide:</u>	Name and Address:	
"AMBR" = Authorized Member	Laura Key	
"MGR" = Manager Laura Key White	Od 44 no E4th answet	
Laura Nev	2141 ne 54th court Fort lauderdale 33308	
		
(Use attachment if necessary) EV: Effective date, if other than the date ective date is listed, the date must be sp of filing.)	of filing: 3-16-15 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 or	days
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