L15000/637/3

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Bu	Siless Emily Nai	ne,
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	<u></u>
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SECRETARY OF STATE





COVER LETTER

	Registration Section ' Division of Corporations	
eup ie c	BROADCASTING ENGINEERIN	IG SERVICES II -LLC
SUBJEC		Limited Liability Company
The encl	osed Articles of Organization and fee(s)	are submitted for filing.
Please re	turn all correspondence concerning this	matter to the following:
	DALE VOSS	
		Name of Person
		Firm/Company
	6018 NW 18 STREET	
		Address
	MARGATE/FLORIDA,33063	
		City/State and Zip Code
	dalevoss@bellsouth.net	
		ed for future annual report notification)
For further	information concerning this matter, ple	ase call:
	DALE VOSS	305 801-9598
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2015

o ji

DALE VOSS 6018 NW 18 STREET MARGATE, FL 33063

SUBJECT: BROADCASTING ENGINEERING SERVICE LLC

Ref. Number: W15000057842

We have received your document for BROADCASTING ENGINEERING SERVICE 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, or 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."

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 015A00018388

Distriction of Compositions D.O. DOV 6207 Wellshames Florida 20014

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPHOVEL: AND FILED

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

15 SEP 14 PH 2: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

BROADCASTING ENGINEERING SERVICES II -LLC

(Must end v	with the words "Limited	l Liability Company, '	'L.L.C.," or "L.L.C.")	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal o	ffice of the Limited L	iability Company is:	
<u>Principa</u>	ol Office Address:		Mailing Add	dress:
6018 NW 18 STREE	Ţ	60181	NW 18 STREET_	
MARGATE,FLORID)A	MARO	GATE,FLORIDA	
33063		33063		
(The Limited Liability Company another business entity with an author hame and the Florida street a	ctive Florida registratio	on.)	J	
	<u> </u>	Name		
	6018 NW 18 STREET Florida street address (P.O. Box NOT acceptable)			
	MARGATE	FLORIDA	33063	
	City	State	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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



as

<u>Title:</u> "AMBR" = Au "MGR" = Mar	ithorized Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
AMBR	iagei	DALE VOSS	
		6018 NW 18 ST	
		MARGATE FLORIDA,	33063
AMBR	· -	VICTORIA VOSS	
		6018 NW 18 ST	
		MARGATE FLORIDA,	33063
			·
			<u> </u>
ffective date is li	date, if other than the date o	f filing:	. (OPTIONAL) business days prior to or 90 day
LE V: Effective ffective date is lise of filing.)	date, if other than the date of sted, the date must be spected in this block does not meet date on the Department of	ific and cannot be more than five et the applicable statutory filing re	business days prior to or 90 day
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LE V: Effective ffective date is lie of filing.) If the date inserte ument's effective LE VI: Other pro	date, if other than the date of sted, the date must be spected in this block does not meet date on the Department of evisions, if any. IGNATURE: Signature of a mem This document is executed I am aware that any false in constitutes a third degree for DALE VOSS	ific and cannot be more than five ct the applicable statutory filing re'State's records. State's records. ber or an authorized representation accordance with section 605.02 information submitted in a document	equirements, this date will not be little of a member. 203 (1) (b), Florida Statutes. Into the Department of State

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)