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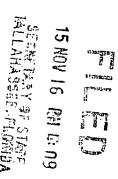
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COVER LETTER

	stration Section ion of Corporations			
SUBJECT: _	Beaup Renta Name of	IS UC Limited Liability Company	(Beaup	Rentals
The enclosed A	Articles of Organization and fee(s)	are submitted for filing.		
Please return a	Il correspondence concerning this	matter to the following:		
	Cristino	Name of Person	eidhy	
		Firm/Company		
	6464	Caballero Blva	(
	Co	veal Gables, FL	, 33146	
	Coles Y	City/State and Zip Code	νo+-	
 ,,,,,		ed for future annual report notification		······································
For further inform	mation concerning this matter, ple	ase call:		
(Name of Person	305) 975 · Area Code Daytime Telepho	S119 one Number	
Englosed is a cl	heck 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 S Certified Copy (additional copy	Status &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	iter Circle	



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 26, 2015

CRISTINA MENDIA BEAUPERTHUY 6461 CABALLERO BLVD CORAL GABLES, FL 33146

SUBJECT: BEAUP RENTALS LLC Ref. Number: W15000070731

We have received your document for BEAUP RENTALS 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):

Please compltete page 1 of the Articles of Organization.

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) 245-6052.

Tim Burch Regulatory Specialist II

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Letter Number: 915A00022592

in to great Bushin kaja ti pakin di nga najad bija di ngagaka si

RECEIVED NOV 1 6 2015

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
(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:
64164 Caballero blud Coral Gables, FL 35146
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:
CRISTINA Mendia Beauperthus
GHA CABALERO BLVD. Florida street address (P.O. Box NOT acceptable)
Coral Gables Pl 3346 City State Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company anthe place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capabity. 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.
C Menche
Registered Agent's Signature (REQUIRED)
(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Collect D Beau perthum
AMBR	CRISTING MORNIG. BEAUDERTHU WHUY CABAHERO BIND COUR CABOS, PC 33196
	
(Use attachment if necessary)	A
If an effective date is listed, the date must be speci the date of filing.)	filing:
REQUIRED SIGNATURE:	Manche
This document is executed I am aware that any false in	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. aformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
_	

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)