

L15000205732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

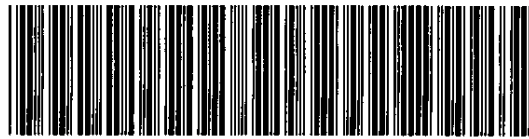
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 DEC - 7 PM 3:19

APPROVED
AND
FILED

1/14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BEV CA, 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:

CORINA ESPINOSA

Name of Person

TAXCARE DORAL

Firm/Company

1400 NW 107TH AVENUE SUITE 209

Address

MIAMI, FL 33172

City/State and Zip Code

CORINA.SMITH@TAXCAREINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CORINA ESPINOSA 786 845-8854

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 & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED
AND
FILED

15 DEC -7 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEV CA, 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:

1400 NW 107TH AVENUE SUITE 209
MIAMI, FL 33172

Mailing Address:

1400 NW 107TH AVENUE SUITE 209
MIAMI, FL 33172

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:

TAXCARE DORAL

Name

1400 NW 107TH AVENUE SUITE 209

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FLORIDA

33172

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)

APPROVED
AND
FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company

15 DEC 7 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MMBR

Name and Address:

JOSE RAFAEL DIAZ CROQUER

CALLE LOS MEDANOS, RES PORTAL I APT 4B
CARACAS, MIRANDA, VENEZUELA 1071

MMBR

JHONNY RAFAEL URAY LEON

URB MIRANDA RES NATALIA PH-C

CARACAS, MIRANDA, VENEZUELA 1070

MMBR

FRANCISCO GUTIERREZ DELGADO

AV 10, QUINTA SAN JOSE URB PRADO ALTO

CARACAS, MIRANDA, VENEZUELA 1080

MMBR

ALECIO JOSE PAOLI FRANCO

CALLE 12 MONTALBAN RES USLAR II APT 81

DISTRITO FEDERAL, VENEZUELA 1020

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/01/2015. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jhonny RAFAEL Uray LEON

Typed or printed name of signee

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)

Additional Members

TITLE	NAME	ADDRESS
MMBR	RAFAEL GERMAN MARANTE GARRIDO	AV SANZ RES PENALITO APT 7C CARACAS, MIRANDA, VENEZUELA 1070
MBR	IVAN ANTONIO PARRA COLMENAREZ	CALLE 139 CASA 120-100 URB PREBO III VALENCIA, CARABOBO, VENEZUELA 2001
MBR	ARMANDO JOSE ARAUJO CASTRO	AV R19 RES CAYENA BEACH EDIF 2 APT 406 PTO LA CRUZ, ANZOATEGUI, VENEZUELA 6016
MBR	JOSE ASUNCION RODRIGUEZ FIGUEROA	AV LAZO MARTI CON BOLET PERAZA CARACAS, DIST FEDERAL, VENEZUELA 1040
MBR	CARMEN VICTORIA VILLALTA ESCALONA	AV PARCELA 1 MANZANA 541-22 RES AVILA HUMBOLDT APT C-32 CARACAS, MIRANDA, VENEZUELA 1060
MBR	ANA CRISTINA GOMEZ GONZALEZ	CALLE EL NAZARENO, CASA 101, BARRIO EL NAZARENO CARACAS, MIRANDA, VENEZUELA 1070
MBR	RAFAEL JESUS DIAZ CROQUER	AV PARIS QUINTA CLARET URB CALIFORNIA NORTE CARACAS, MIRANDA, VENEZUELA 1070
MBR	MARLENE MARGARITA ESPINOZA	CALLE CAMPO ROJO CASA 58 SECTOR PUEBLO NUEVO CACHIPO BARCELONA, ANZOATEGUI, VENEZUELA 6210
MBR	JANETH FELICIA ZAPATA TORRES	CALLE BUCURE QTA ANGELICA #Z-160 URB COLINAS CARRIZAL LOS TEUQUES, MIRANDA, VENEZUELA 1203