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SECRETARY OF STATE BIVISION OF CORPORATIONS

'JAN 2 5 2016

S. PRATHE.

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: Be Found LLC Name of 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:
	Evelyn Jordan Name of Person
	Firm/Company
	2501 & Ocean Dr #727 Address
	City/State and Zip Code Billing a befound manketing E-mail address (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	Evelyn Jordon at (785) 108-3636 Name of Person Area Code Daytime Telephone Number
Enclose	is a check for the following amount:
J\$ /25.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)} \text{Certificate of Status & Certificate Opy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
(Must end with the words "Limited Liability Co	ompany, "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:		
2501 S Ocean Dr #7277 Hollywood, FID 33019	Hollywood, FL 33019	1	
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	ea Agent's Signature:	16 JAN 25 PM	SECKE IARY OF
11 mothy Lo	dd		HAT.
250\ S Oceav Florida street address (P.O. Box	NOT acceptable)	57	ATIONS
Hollyward FL	- 53019		

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

Page 1 of 2

(CONTINUED)

Title:	Name and Address:
'AMBR" = Authorized Member	
MGR" = Manager	Timothy Dodd
	2501 5 Dran Dr #7217
	Hallywood, FL 33019
MID	
11/4	Evelyn Jordan Hong
	Hallyman El 33019
	-ttonifeed (C 3391)
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Jse attachment if necessary)	
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