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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: *[Signature]*
Account Name : G.T. CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO. Better Real Estate, LLC

Certificate of Status	0
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Page Count	03
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[Signature] 03/16/16

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I - ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Beaver Real Estate, 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:

2910 Ashland Lane S
Kissimmee, FL 34741

Mailing Address:

2910 Ashland Lane S
Kissimmee, FL 34741

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:

Name: John Wang
2910 Ashland Lane S
Florida street address (P.O. Box NOT acceptable)
Kissimmee, Florida 34741
City State Zip

The Registered Agent agrees to accept and receive service of process for the above named limited liability company at the address above and to keep the company informed of any change of address and to keep the company informed of any change of name and to keep the company informed of any change of status and to keep the company informed of any change of other information required by the Florida Department of State, Division of Corporations, in connection with the company's registration in Florida.

By: John Wang
Registered Agent Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:
"AMIR" - Authorized Member
MGR - Manager
AMIR

Name and Address:

Jun Wang
2930 Ashland Lane S.
Kissimmee, FL 33741

(Use attachment if necessary)

ARTICLE VI: Effective date (if other than the date of filing): _____ (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.)

Notes: If the date entered 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:

Jun Wang
Signature of a member of an

This document is prepared in accordance with statute 905.0293 (1) (b), Florida Statutes. I have not used any false information submitted in an attempt to the Department of State constitutes a third degree felony as provided for in s 917.15, F.S.

Jun Wang

Typed or printed name of signer

Future Research

\$115.00 Entry Fee for Articles of Organization and Designation of Registered Agent

\$ 40.00 (Certified Copy (Optional))

§ 5.00 Certificate of Status (Optional)

FIELD
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