11-May-2017 15:23

Unknown

3057749660

p.1

Division of Corporations

file.sunhiz.org/scripts/cfilcovr.exe innent of State **Division of Corporations Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H17000130041 3))) H170001300413ABCR Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850) 617-6381 From: Account Name : CORPOLICENSE, INC Account Number : I20050000118 : (305)774-9606 Phone Fax Number : (305)774-9660 1 er/202014 5-1-01270 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.* 11 A albert migliori look Email Address: <u>Ģ</u> ŝ èr: FLORIDA LIMITED LIABILITY CO. <u>____</u> E **BEECK USA, LLC** Laborer Maranas (2005) and east of the installe NAMES AND DESIGN Certificate of Status Û Certified Copy Û Page Count 01 Estimated Charge \$125.00

11-May-2017 15:23

Unknown

3057749660

H17000 130041

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF BEECK USA, LLC

ARTICLE I - NAME:

The name of the Limited Liability Company Is:

BEECK USA, LLC

ARTICLE II - ADDRESS:

The mailing and principal address of the of the Limited Liability Company is:

5501 NW 7th Street, Suite E-208 Miami, FL 33126

<u>ARTICLE III - Registered Agent, Registered Office, & Registered</u> <u>Agent's Signature:</u>

MIDAHURYS MIGLIORI 5501 NW 7th Street, Suite E-208 Miami, FL 33126

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.

H17000 130041

1

ۍ

ധ

Unknown

3057749660

p.3

H17000 130041

ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

TITLE: NAME AND ADDRESS

AMBR Midahurys Migliori 5501 NW 7th Street, Suite E-208 Miami, FL 33126

Midahurys Migliori Authorized Manager Member

(In accordance with section 605.0201, Florida Statutes, The execution of this document constitutes an affirmation under The penalties of perjury that the facts stated herein are true)

H17000 1300 Y1