

APR/20/2018/F

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA DEPARTMENT OF
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**FLORIDA LIMITED LIABILITY CO.
BECOMING ALL YOU ARE LLC**

Certificate of Status	0
Certified Copy	1
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4/20/2018 12:41:52 PM PAGE 1/001 Fax Server



April 20, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS

SUBJECT: BECOMING ALL YOU ARE LLC
REF: W18000037770

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

List the complete name of the Registered Agent.

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.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H18000123580
Letter Number: 518A00008105

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BECOMING ALL YOU ARE LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:4308 SW 130TH COURT
MIAMI FLORIDA 33175Mailing Address:12030 SW 129TH COURT
SUITE 104
MIAMI FLORIDA 33186

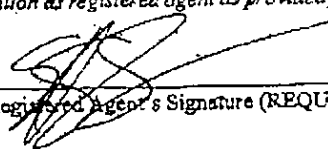
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

ONE STOP SOLUTION BOOKKEEPING & ACCOUNTING SERVICES, INC.
Name12030 SW 129TH COURT SUITE 104
Florida street address (P.O. Box NOT acceptable)MIAMI FLORIDA 33186
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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**CARLA LUCERO MARTINEZ4308 SW 130TH COURTMIAMI FLORIDA 33175

(Use attachment if necessary)

ARTICLE V: 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.)

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.

CARLA LUCERO MARTINEZ

Typed or printed name of signer.

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