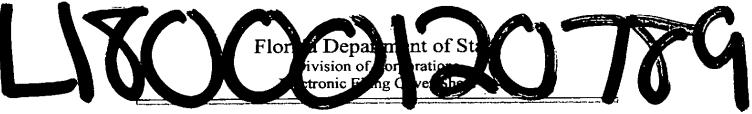
Division of Corporations

Page 1 of 2



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.

(((H180001500673))) Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. ***PLEASE PROVIDE Division of Corporations ***PLEASE PROVIDE **ORIGINAL** Fax Number : (850) 617-6381 ORIGINAL SUBMISSION DATE From: SUBMISSION OF 5/14/18! Account Name : CAPITOL SERVICES, INC. DATE OE 5/14周8! Account Number: I20160000017 THANK YOU!!!!*** : (800)345-4647 Phone THANK YOU! : (800) 432-3622 Fax Number **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. ***PLEASE PROVIDE WALLBEAST, LLC

PLEASE PROVIDE ORIGINAL SUBMISSION DATE OF 5/14/18! THANK YOU!!!!

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

Help



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•	COVER LETTER
	v Filing Section islon of Corporations
SUBJECT:	WallBeast, LLC
SODDECT,	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:
7	Felipe Grabiel
-	Name of Person
_	Firm/Company
:	8075 SW 67 Avenue
-	Address
	Miami, Florid 33143
-	City/State and Zip Code
fe	elipe_g@mac.com
	E-mail address: (to be used for future annual report notification)
or further in	formation concerning this matter, please call:
1	Alberto J. Delgado 786 547-3884
_	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fili	
	Mailing Address Street Address

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

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

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ICLE I - Name:				
name of the Limited Liability	у Со піра пу із:		•	
WallBeast, LLC	•			
(Must conta	in the words "Limited	Liability Company, "L	,L.C.," or "LLC.")	
FICLE II - Address:		وورو رد د و ورس سيد	1. 112- C	
mailing address and street ac	idress of the principal of	office of the Limited Li	POTITA COmbana 19:	
<u>Princip</u>	et Office Address:		Mailing Address:	
450 NW 37 Avenue	,		W 37 Avenue	
5.61 1 ER 11.0010		Minni	Florida 33125	
e Limited Liability Company	ent, Registered Office,	& Registered Agent'	s Signature:	al or
TICLE III - Registered Age e Limited Liability Company ther business entity with an a	ent, Registered Office cannot serve as its own active Plorida registrati	, & Registered Agent'n Registered Agent. Yo on.)	s Signature:	al of
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Migmi, Florida 3312 TICLE III - Registered Age to Limited Liability Company ther business entity with an at a name and the Plorida street ing been named as registered to designated in this certificate for agree to comply with the p	ent, Registered Office, cannot serve as its own active Plorida registrati address of the registere Felipe Grabiel 8075 SW 67 Avenue Florida street address Miami City	& Registered Agent. Young agent are: Name ess (P.O. Box NOT acc Florida State vice of process for the acceptations as registered	s Signature: ou must designate an individu eptable) 33143 Zip shove stated limited liability of	ompañy e s capacity

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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Fitle:	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
MGR	Serafin Gonzalez
	450 NW 37 Avenue
	Miami, Florida 33125
MGR	Felipe Grabiel
	8075 SW 67 Avenue
	Miami, Florida 33143
	
•	
of filing.)	rpecific and cannot be spore than five business days prior to or 9
EV: Effective date, if other than the datective date is listed, the date must be softling.)	specific and cannot be more than five business days prior to or 9 t meet the applicable statutory filing requirements, this date will no
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