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(Requestor's Name)
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BEHOL LLC		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: SETH		UCC 1 or 3 File
		UCC 11 Search
Name	Date Time	UCC II Retrieval
Walk-In	Will Pick Up	Courier

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name: The name of the Limited Liability Company is:

ZULL APR -4 PM 12:00

BEHOL LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE TALLAHASSEE, FL

#### ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
255 ARAGON AVENUE, 2ND FLOOR	255 ARAGON AVENUE, 2ND FLOOR CORAL GABLES FL, 33134
CORAL GABLES FL, 33134	CORAL GABLES PL, 33134

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:

ABITOS PLLC		
	Name	
255 ARAGON AVEN	UE, 2ND FLOOR	
Florida street address	(P.O. Box <u>NOT</u> a	cceptable)
CORAL GABLES	FL	33134
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 l 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:

UNICDE - NO.	
"MGR" = Manager <u>MGR</u>	ABY HOLOSCHUTZ 255 ARAGON AVENUE, 2ND FLOOR CORAL GABLES FL., 33134
<del></del>	S
(Use attachment if necessary)	
	ate of filing: (OPTIONAL)
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