From; Yanet Avila

4/14/22, 11:26 AM

Division of Corporations

Florida Department of State Division of Cornorations Recronic illing Cover Sheet

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FLORIDA LIMITED LIABILITY CO. BETA ARCHITECTURE LLC

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62

| Certificate of Status | 0 | | |
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Articles of Organization

State of Florida Limited Liability Company Pursuant to Section 605.0201, Fla. Stat.:

Article I - NAME

Page: 3 of 5

The name of the Limited Liability Company is as follows: BETA ARCHITECTURE LLC

Article II - TYPE

The entity being formed is a Limited Liability Company.

Article III - ADDRESS

The street address (principal office address) for the Limited Liability Company are as follows:

> 2335 NE 27th St, Lighthouse Pt, FL 33064

The mailing address for the limited liability company are the same.

Article IV - REGISTERED AGENT INFORMATION

The name and address of the registered agent are as follows:

Shaban Malik

9000 NW 44th STREET

SUITE 204

SUNRISE, FL 33351

The street address and the mailing address of the registered agent are the same.



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, Shaban Malik, hereby accept the appointment as registered agent and consent 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 of the Florida Statutes.

Such Mai

Signature of Registered Agent

Article V - STRUCTURE

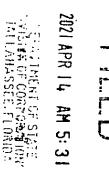
This limited liability will have the following members and be member-managed:

EDA OZYURT

2335 NE 27th St, Lighthouse Pt, FL 33064 Member-Manager

MURAT GUDER

2335 NE 27th St, Lighthouse Pt, FL 33064 Manager



Article VI - EFFECTIVE DATE

The effective date of these Articles of Organization will be the date this document is filed with the Florida Division of Corporations.

EXECUTION

Signature of organizer:

Printed name of organizer:

Auch Mai

SHABAN MALIK

Title of organizer:

CPA

Statement of signatory:

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.

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