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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RICHARDS & PARTNERS, P.A.

Account Number : I20110000091 Phone : (305)858-9900 Fax Number : (305)285-0015

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

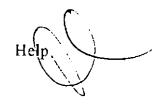
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FLORIDA LIMITED LIABILITY CO.

FEBECA LLC

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		@RICHARDS-LAW.COM E-mail address: (to be used to		unnual report notificati	(noi		•
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Enclosed	is a check for t	he following amount:					
量\$125.0	0 Filing F∝	☐\$130.00 Filing Fee & Certificate of Status	Certific	5.00 Filing Fee & ed Copy at copy is enclosed)			•
		g Address iling Section		Street Address New Filing Section Di	vision		

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

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		BECA LLC		
(Must	contain the words "Limited	d Liability Company,	"L.L.C.," or "LLC.")	_
RTICLE II - Address: the mailing address and str	eet address of the principal	office of the Limited	Liability Company is:	
Pri	incipal Office Address:		Mailing Address:	
		100	B 4 40 40 .	
100 Southeast S	econd Street	100	Southeast Second Street	
100 Southeast S Suite 4400	econd Street		Southeast Second Street 2 4400	_
Suite 4400 Miami, FL 3313 RTICLE III - Registered The Limited Liability Com- nother business entity with	d Agent, Registered Office pany cannot serve as its ow han active Florida registrat	Suite Min c., & Registered Ager on Registered Agent. Violen.)	2 4400 mi, FL 33131	2022
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(CONTINUED)

Registered Agent's Signature (REQUIRED)

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\$ 5.00 Certificate of Status (Optional)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	MARIANELLA MORALES
	100 Southeast Second Street Suite 4400
	Miami, FL 33131
MGR	CLAUDIA ORDAZ
	Parque Valle del Sol, Casa 147
	Santa Ana, Pozos, 10903 Costa Rica
	→
(Use attachment if necessary)	
Ose attachment it necessary)	
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EV: Effective date, if other than the date	ate of filing: (OPTIONAL)
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