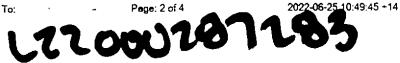
From: Veronica Gonzale



Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : RASI

Account Number : I20220000023

Phone : (800)221-2972 Fax Number : (917)243-5843

**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.

Be Simple LLC

Certified Copy	
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Estimated Char	ge



Electronic Filing Menu

Corporate Filing Menu

Help

ARBICLES CHORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

To:

The name of the Limited Liability Company is:

Be Simple LLC

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1300 Brickell Bay Dr. #2409	1300 Brickell Bay Dr. #2409
Miami, FL 33131	Miami, FL 33131

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:

	Nane	
1300 Brickell Bay I	Эт. #2409	
Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptable)
	FL.	33131
Miami		22121

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 (REQUEED)

(CONTINUED)

Page 1d2

FILED
22 JUN 24 PH 12: 35
SECRETARY OF STARIDA

From: Veronica Gonzale.

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

<u>litte:</u>		Name and Address:	
	uthorized Member		
"MGR" = Ma AMBR	nager	Alanoud Bint Abdullah Bin Saad F. Bin Saad	
ANIDK	 	Ar rafiah District, Dibaa Street Villa 26	
		Riyadh, Saudi Arabia 12751	
MGR		Cenk Fikri	
		1300 Brickell Bay Dr. #2409	
		Hollywood FL 33020	
f an effective date is se date of filing.) <u>sote:</u> If the date inser	listed, the date must be specific and ted in this block does not meet the a we date on the Department of State's	. (OPTIONAL) d cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not s records.	,
REQUIRED	SIGNATURE: Signature of a member or	an authorized representative of a member.	
	This document is executed in acc	cordance with section 605.0203 (1) (b), Florida Statutes, tion submitted in a document to the Department of State	
	Cenk Fikri		

Filing Forst

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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