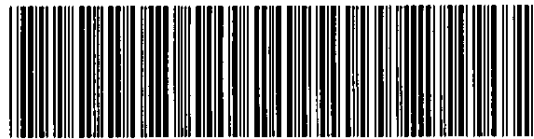


L12000075974



800234906858

06/07/12--01017--017 \*\*125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W12000027739

Office Use Only

NO \$

FILED  
12 JUN -6 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
JUN 07 2012  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 18, 2012

JUDITH ANN RUTLAND  
439 LAKEVIEW DRIVE  
SANTA ROSA BEACH, FL 32459

SUBJECT: BELLA BUNONGIORNO, LLC  
Ref. Number: W12000027739

We have received your document for BELLA BUNONGIORNO, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 612A0001469

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 JUN -6 AM 11:48

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Bella Buongiorno**  
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:

**Judith Ann Rutland**  
Name of Person

**Bella Buongiorno**  
Firm/Company

**439 Lakeview Drive**  
Address

**Santa Rosa Beach FL 32459**  
City/State and Zip Code

**judirutland@gmail.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Judith Ann Rutland** at ( **850** ) **974-8687**  
Name of Person Area Code & Daytime Telephone Number

FILED  
12 JUN - 5 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Bella Bunongiorno, 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:**

439 Lakeview Drive  
Santa Rosa Beach FL 32459

same as Principal Office Address

**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:

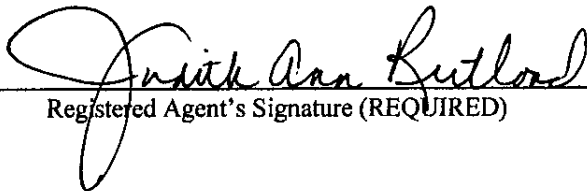
Judith Ann Rutland  
Name

439 Lakeview Drive  
Florida street address (P.O. Box **NOT** acceptable)

Santa Rosa Beach FL 32459  
City, State, and Zip

FILED  
12 JUN -6 AM 11:48  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

*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 608, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Judi Rutland  
439 Lakeview Drive  
Santa Rosa Beach FL 32459

~~Member~~ MGR

JoEllen Hough Oakes  
8965 Vanns Tavern Road  
Gainsville GA 30506

~~Member~~ MGR

David Michael Ramsey  
7042 Winter Park Place  
Corpus Christi TX 78413

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

**Judith Ann Rutland**

\_\_\_\_\_  
Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
12 JUN -6 AM 11:48  
FILED

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)