

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L13000004807

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.

(((H13000006533 3)))



H13000006533ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : SUPERBIZ.COM, INC.
 Account Number : I20070000160
 Phone : (800)494-3124
 Fax Number : (561)455-9885

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

Email Address: _____

2013 JAN -9 AM 8:55
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

FILED

**FLORIDA LIMITED LIABILITY CO.
 Bella's Placement & Staffing Solutions, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
 13 JAN -9 AM 10:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

JAN 10 2013

D. BRUCE

H13000006533 3

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

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

BELLA'S PLACEMENT & STAFFING SOLUTIONS, LLC

ARTICLE II ADDRESS

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

8017 CHIANTI DRIVE
ORLANDO, FLORIDA 32836-5305

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

BELLA GARALDE
8017 CHIANTI DRIVE
ORLANDO, FLORIDA 32836-5305

Having been named as registered agent 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.

x 
BELLA GARALDE / Registered Agent's signature

2013 JAN -9 AM 8:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

H13000006533 3

H13000006533 3

PAGE 2 BELLA'S PLACEMENT & STAFFING SOLUTIONS, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS

MANAGING MEMBER
BELLA GARALDE
8017 CHIANTI DRIVE
ORLANDO, FLORIDA 32836-5305

MANAGING MEMBER
EDUARDO QUILES
8017 CHIANTI DRIVE
ORLANDO, FLORIDA 32836-5305

MANAGING MEMBER
JOSE SAMMY B CIMANES
8017 CHIANTI DRIVE
ORLANDO, FLORIDA 32836-5305

2013 JAN -9 AM 8:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

x 

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.

BELLA GARALDE

H13000006533 3