## Department of State Division of Corporations

Electronic Filing Cover Sheet

Public Access System

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.

(((H030003331073)))

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

To:

Division of Corporation's

Fax Number

: (850)205-0383

From:

Account Name

EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

#### LIMITED LIABILITY COMPANY

bella!, l.l.c.

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

DIVISION OF CORPORATION

ス m

Placteonic Filipa Marti.

Comprate Filing

3

403000333107

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

BELLA!, L.L.C.

#### ARTICLE I

The name of the Limited Liability Company shall: BELLA!, L.L.C.

#### ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

#### ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 1401 Walnut Terrace, Boca Raton, Florida 33486

#### ARTICLE IV

The name and the Florida street address of the registered agent are: Edward J. McCormick, Jr., 111 SW 3<sup>RD</sup> Street, Penthouse, Miami, Florida 33130

# AND FILED 03 DEC 10 PM 2: 19 SECRETARY OF STAIL TALL MHASSEE, FLORIDA

#### ARTICLE V

The name of the members shall be:

Michele Toomey

Kristen Ross

403000 333107

#### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

BELLA, L.L.C.
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization. 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.

Registered Agent

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.)

Kichele Toomey

Typed or printed name of signee

FILED

03 DEC 10 PM 2: 19

SECRETARY OF S. Aik, TALLAHASSEF, FLORING.

403000333107