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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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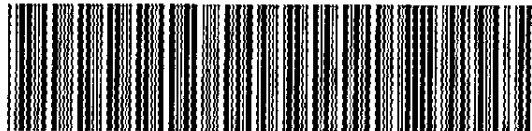
Certificates of Status _____

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06 JAN 13 PM 2:46
TOLSON
FEDERAL BUREAU OF INVESTIGATION

M. HODGES

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bee Healthy LLC
(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:

Daniela Farkas
(Name of Person)

(Firm/Company)

11415 Earnest Blvd
(Address)

Davie, FL 33325
(City/State and Zip Code)

For further information concerning this matter, please call:

Daniela Farkas at (954) 382-9931
(Name of Person) Area Code & Daytime Phone

STREET ADDRESS
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bee Healthy LLC

ARTICLE II - Address:

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

Principal Office Address:

11415 Earnest Blvd

Davie, Fl 33325

Mailing Address:

11415 Earnest Blvd

Davie, Fl 33325

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Daniela Farkas

Name

11415 Earnest Blvd

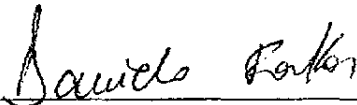
Florida street address (P.O. Box **NOT** acceptable)

Davie

FLORIDA 33325

City, State, and Zip

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

FILED
06 JUN 13 PM 2:45
TALLAHASSEE, FLORIDA

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

Daniela Farkas

11415 Earnest Blvd

Davie, Fl 33325

MGR

Romeo Farkas

11415 Earnest Blvd

Davie, Fl 33325

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Daniela Farkas

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)