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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 2-18-07

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bethlehem handicrafts Limited Liability Company  
(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:

Admon E. Hannouneh

(Name of Person)

Bethlehem handicrafts Limited Liability Company

(Firm/Company)

1849 lenawee loop apt # 205

(Address)

New Port Richey FL 34655

(City/State and Zip Code)

For further information concerning this matter, please call:

Admon E. Hannouneh

(Name of Person)

at ( 810 )

394 3688

(Area Code & Daytime Telephone Number)

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

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TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Bethlehem handicrafts Limited Liability Company

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

### ARTICLE II - Address:

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

#### Principal Office Address:

#### Mailing Address:

Admon E. Hannouneh

1849 lenawee loop apt # 205

New Port Richey Fl. 34655

### 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:

Admon E. Hannouneh

Name

1849 lenawee loop apt # 205

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

New Port Richey

FL 34655

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..*

Admon Hannouneh  
Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 2-18-07

(CONTINUED)  
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**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:**

Manager

Admon E. Hannouneh

1849 lenawee loop apt # 205

New Port Richey Fl. 34655

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Feb. 18, 07, (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:**

Admon Hannouneh

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.)

Admon E. Hannouneh

Typed or printed name of signee

**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)

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