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(Requestor's Name) (Address) (Address)	100094188301
(City/State/Zip/Phone #)	03/23/0701023018 **125.00
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CAPITAL CONNECTION, INC.	
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	· · ·
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	Foreign Corp. File
	I.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
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	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
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	Certificate of Good Standing
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 26, 2007

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: MMM... BELLA BELLA, LLC Ref. Number: W07000014752

We have received your document for MMM... BELLA BELLA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the addresses requested in Article II.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr **Document Specialist** 

Letter Number: 507A00020472

**RE-SUBMIT** 

FILE DATE.

PLEASE OBTAIN THE ORIG





AT MAR 2.3 PM 3: 31

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

## ARTICLE II - Address:

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

5218 Bayshore Boulevard, #5, Tampa, Florida 33611

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: 5 The name and the Florida street address of the registered agent are: Florida street address (P.O. Box NOT acceptable) Ampa PI City, Suce, and Zip

MMM.ee

Bella

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.

istered Agent's Signature

## Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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

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

NIC

Typed or printed name of signed

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)