# 107000/20882

| :<br>                                   |        |
|---|--------|
| (Requestor's Name)                      | —      |
|   |        |
| (Address) -                             |        |
|   |        |
| (Address)                               | —      |
|   |        |
| (City/State/Zip/Phone #)                | —      |
|   |        |
| PICK-UP WAIT MAIL                       |        |
|   |        |
| (Business Entity Name)                  | —      |
|   |        |
| (Document Number)                       | —      |
|   |        |
| Certified Copies Certificates of Status |        |
|   |        |
| Special Instructions to Filing Officer: | $\neg$ |
| Special instructions to Fining Officer. |        |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

TO

101-12-5 101-12-5

# **COVER LETTER**

| Division of (           | a Section<br>Corporations   |   |   |
|-------------------------|---|---|---|
| SUBJECT: BETE           | E GLAMOUR L.L.C   |   |   |
|                         | (Name of Limited  | Liability Company)  |   |
| The enclosed Articles   | of Organization and fee(s) are sub  | omitted for filing.   |   |
| Please return all corre | spondence concerning this matter  | to the following:   |   |
| ELIZABE                 | TE ANTUNES FREI   | ΓAS   |   |
|                         | (Na   | ame of Person)  | _   |
| BETE GI                 | LAMOUR LLC  |   |   |
|                         | (Fi   | rm/Company)   |   |
| 420 EAS                 | T SAMPLE ROAD   |   |   |
|                         |   | (Address)   |   |
| POMPAN                  | NO BEACH FL 33064   | Ļ   |   |
| <del></del>             | (City/S   | tate and Zip Code)  |   |
| For further informatio  | n concerning this matter, please ca   | ıll:  |   |
| •                       |   |   |   |
|                         | ANTUNES FREITAS and of Person)  | (Area Code & Daytime Telepho  | Name to an  |
| (IVal                   | ne of reison)   | (Area Code & Daytime Telepho  | ·   |
| Enclosed is a check     | for the following amount:   |   | 2007 DEC<br>SECRET<br>ALLAHA  |
| \$125.00 Filing Fee     | \$130.00 Filing Fee & Certificate of Status   | Certified Copy C (additional copy is enclosed) C  | ertificate of Status & - ertified Copy 0 dditional copy is anclosed 0 |
|                         | 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 Circl Tallahassee, FL 32301 | 1: 46<br>ATE<br>)RIDA   |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  |  |
|--|--|
| The name of the Limited Liability Company is:  |  |
| BETE GLAMOUR LLC   |  |
| (Must end with the words "Limited Liabil   | lity Company, "L.L.C.," or "LLC.")   |
| ARTICLE II - Address: The mailing address and street address of the pr   | rincipal office of the Limited Liability Company is:   |
| Principal Office Address:  | Mailing Address:   |
| 420 EAST SAMPLE ROAD   | 420 EAST SAMPLE ROAD   |
| POMPANO BEACH FL 33064   | POMPANO BEACH FL 33064   |
| ADTICLE HIL D  |  |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) |  |
| The name and the Florida street address of the r   | registered agent are:  |
| ELIZABETE ANTUN  | ES FREITAS   |
| Name   | <del></del>  |
| 5313 EAGLE CAY C   | OURT   |
| Florida street add   | dress (P.O. Box <u>NOT</u> acceptable)   |
| COCONUT CREEK  | F <sub>FL</sub> 33073  |
| City, State, a   | and Zip Zin SE   |
| liability company at the place designated in t<br>registered agent and agree to act in this capacit  | accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all |
|  | erformance of my duties, and I am famillar with and stered agent as provided for in Chapter 608, F.S.  |
| Elizabeta A.   | Freito 5 5   |
| Registered Agent's Signat  | ure (REQUIRED)   |

(CONTINUED)
Page 1 of 2

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| MGR   | ELIZABETE ANTUNES FREITAS                         |
|---|---|
|   | 5313 EAGLE CAY COURT                              |
|   | COCONUT CREEK FL 33073                            |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   | <del>,</del>                                      |
|   |   |
| Use attachment if necessary)  |   |
| F V. Effective date if other than t                                   | he date of filing: (OPTI                          |
| fective date is listed, the date must days after the date of filing.) | be specific and cannot be more than five business |

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.)

## **ELIZABETE ANTUNES FREITAS**

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)