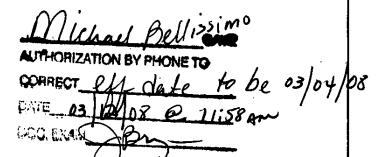
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· (Re	equestor's Name)	
, (Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	· ·
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DIVISION OF CORPORATIONS

08 MAR | | PM |: 25

J. BRYAN

MAR 1 2 2008

EXAMINER

COVER LETTER

TO:

TO:	Registration Division of C				
SUBJE	ct: <u>В</u> Е	CLCISSIMOS (Name of Limited	HARBLE CR Liability Company)	APTOLS	
The end	closed Articles	of Organization and fee(s) are sub	omitted for filing.		
Please 1	return all corres	pondence concerning this matter	to the following:		
	MICH	AFL BELLISSI	M O ame of Person)		
	BELL	ISSTMO'S MAZI	3LE CRAFTER	.5.	
	6644	HAUEN AVE	(Address)	1,000	90 Stand
	Coco		tate and Zip Code)	<u> </u>	SECRETARY OF STATENS SECRETARY OF CORPORATIONS ON MAR 11 PH 1:25
For furt	ther information	n concerning this matter, please co	all:		PH 1:
Mret		Missimo e e of Person)	t (<u>321</u>) <u>289</u> (Area Code & Daytime		25
Enclos	sed 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 For Certificate of State Certified Copy (additional copy is en	tus &
·		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BELLISSIMOS HARBLE CRAFTERS LLC

Principal Office Address:	Mailing Address:
COCOD, FL 32927	6644 HOVEN AVE COCOAFL, 3292
ARTICLE-III - Registered Agent, Registe	red Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the serve as its own R business entity with an active Florida registration.)	egistered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the MTCHAFL BE	he registered agent are:
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the MTCHAFL BE	he registered agent are: CLISSIMO ame
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the MTCHAEL BEOMETHER SECTION NO.	he registered agent are: CLISSIMO ame
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the MTCHAEL BEOMETHIEST No.	egistered Agent. You must designate an individual or another Note: Series of the registered agent are: CLISTIMO ame
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the MTCHAFL BE	egistered Agent. You must designate an individual or another he registered agent are:

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..

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

11	<u>Fitle:</u> MGR" = Manager MGRM" = Managi	ing Member	Name and Address:		
_			-	_	
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		necessary)	March 04, 2008	_	
(Use attachment if r				
TICL	LE V: Effective date	e, if other than the da	ate of filing: 45 08 08 (OPTIC		
TICL an eff	LE V: Effective date	i, the date must be s	nte of filing: (OPTIC specific and cannot be more than five business		
TICL an eff or 90 (LE V: Effective date fective date is listed days after the date	i, the date must be s of filing.)	ate of filing: 45 08 08 (OPTIC		
TICL an eff or 90 (LE V: Effective date	i, the date must be s of filing.)	ate of filing: 45 08 08 (OPTIC		
TICL an eff or 90 (LE V: Effective date continue date date date series after the date	I, the date must be so of filing.) IATURE:	nte of filing: 45 08 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
TICL an eff or 90 (EV: Effective date ective date days after the date REQUIRED SIGN	I, the date must be so of filing.) IATURE: gnature of a member of a accordance with section	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury		

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)