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(Requestor's Name) (Address) (Address)	000135842890			
(City/State/Zip/Phone #) PICK-UP (Business Entity Name) (Document Number) Certified Copies Certificates of Status	RECEIVED **160.00 **160.00 08 0CT -8 PM 1: 24 OVISION OF CONTOURNAL TO DRIVE			
Special Instructions to Filing Officer: Office Use Only	PILEL 08 OCT -8 PM 1: SECRETARY OF STALLAHASSEE, FLOO			

COVER LETTER

Division of Corporations				
SUBJECT: Blessed	Beads (Name of Limited Lia	and Servi	ces	-
The enclosed Articles of Organizati	on and fee(s) are submi	tted for filing.		,
Please return all correspondence co	ncerning this matter to t	he following:	·	
Jame	S F, C	of Carry of Person)	SECRET ALL AH	8 2 7
Blessel (300ds a	nd Servic	De mi≺	œ T
2001	Harrie	H Down	STATE	
Tallah	City/state	and Zip Code)	303	
For further information concerning t	his matter, please call:			
Tames Till (Name of Person)	Deran at ((Area Code & Daytime T	2-078 (elephone Number)	?
Enclosed is a check for the follow	ving amount:			
\$125.00 Filing Fee \$130.00 Certification	ate of Status C	55.00 Filing Fee & actified Copy diditional copy is enclosed)	8160.00 Filing F Certificate of Sta Certified Copy (additional copy is a	atus &
Division o P.O. Box	on Section of Corporations	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns .	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The	nam	ie o	f th	ie	Lir	ni

ted Liability Company is:

Must end with the words "Limited Liability Company, "L.L.C.,"

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

Sallahossee, Fr. 32303	2001 Harris	\$[\f\] \f\ \Z\230	ve 03
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration. Name 2001	registered agent are: Process (P.O. Box NOT acceptable)	STATE OF STA	

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..

egistered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (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:** fure 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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee