L08000112459

(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
. (Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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B. KOHR
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EXAMINER

D8 DEC -9 AM 8: 43

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT:

Examiner's Initials

TRICIA TADLOCK

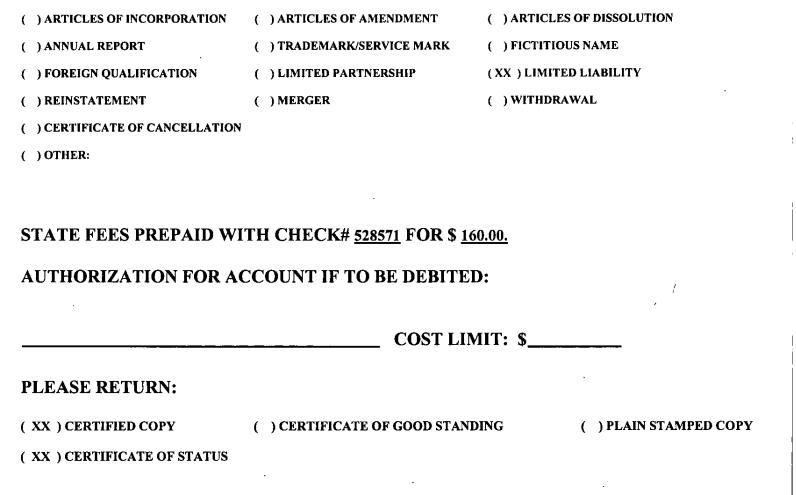
DATE:

12/09/08

REF. #:

000027.96620

CORP. NAME: BELLISSIMO CASA LLC



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BELLISSIMO CASA L	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
4700 HIATUS ROAD #359 SUNRISE, FL 33351	4700 HIATUS ROAD, #359 SUNRISE, FL 33351
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
LINDA G. B	ARBUSCA Same
4700 HIATUS Florida stre	RoAD, #359 et address (P.O. Box NOT acceptable)
SUNRISE,	FL 3335/

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..

Registered 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:

MGRM		EDONE MARINETTO PORTELLA
TIGKT	_	TRUST UIAID TIMIZENT
		18351 OTHI 713812867
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Use attachment is	f necessary)	
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LE V: Effective detective detective date is listed and large after the date date date date date detection. SIG	ate, if other than the deed, the date must be stee of filing.) NATURE: Signature of a member of	

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)