

L100000007028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

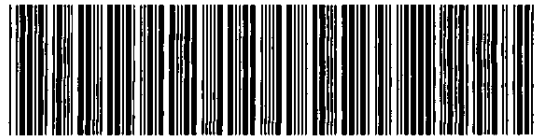
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
JAN 20 2010
EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Carol Allison Document Service
2650 Baywood Drive
Titusville, Florida 32780

January 13, 2010

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RE: BELL'S HANDS MASSAGE THERAPY

Enclosed please find one original and one copy of Articles of Organization for the above LLC. Enclosed check for \$155.00 for the following fees.

Filing Fee	\$125.00
Certified Copy	\$30.00

Please return all correspondence concerning this matter to the following:

Carol Allison Document Service
2650 Baywood Drive
Titusville, Florida 32780
321.480.9789

Sincerely,



Carol Allison

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

Name of Limited Liability Company is:

BELL'S HANDS MASSAGE THERAPY, LLC.

ARTICLE II

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

Principal Office Address:

1824 S. Park Ave
Titusville, Fl. 32780

Mailing Address:

1824 S. Park Ave
Titusville, Fl. 32780

ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature:

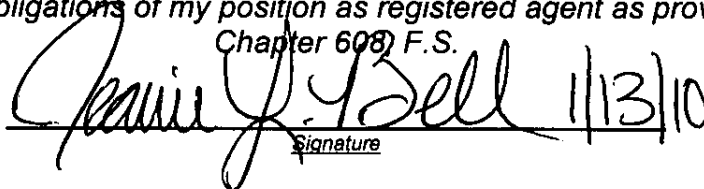
(You must designate an individual or another business with an active Florida registration)

The name and the Florida street address of the registered agent are:

Jeanie L. Bell
1824 S. Park Ave
Titusville, Fl. 32780

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.


Signature 1/13/10

SECRETARY OF STATE
FALLAHASSEE
FLORIDA

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ARTICLE IV

Manager or Managing Member(s):

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

<u>Title</u>	<u>Name and Address</u>
"MGR"=Manager	
"MGRM"=Managing Member	
 <u>MGRM</u>	 <u>Jeanie L. Bell</u> <u>1824 S. Park Ave</u> <u>Titusville, Fl. 32780</u>

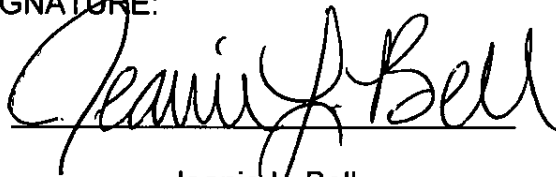
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ARTICLE V (Optional)

Effective date, if other than the date of filing: _____
(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:



Jeanie L. Bell

(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.)