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(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/Otale/Zipi) Holle #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
(2) 04
9,5300
Special Instructions to Filing Officer: A. LUNT
JAN 26 2010
EXAMINER
- HAIIIAEL

Office Use Only



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2010 JAN 22 AM 9: 59
SECRETARY OF STATE



December 28, 2009

KEVIN ROUKOUS 21879 PALM GRASS DR. BOCA RATON, FL 33428

SUBJECT: BELLALUKE LLC Ref. Number: W09000055864

We have received your document for BELLALUKE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 209A00039279

Agnes Lunt Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO:	Registration S Division of Co					
SUBJI	ECT:	E	BellaL	uke LLC.		
		Name of Limit	ed Liabi	ility Company		
The en	closed Articles o	of Organization and fee(s) are	submitte	ed for filing.		
Please	return all corresp	pondence concerning this mat	ter to the	e following:		
		к		Roukous		
			Name o	of Person		
					TAE SE	2010
			Firm/C	ompany	AH	2010 JAN 22
		21879	9 Paln	n Grass Dr.	ASS	122
			Ado	lress	E Q	2
		Boca	ı Ratoı	n,, Fl 33428	OF STATE S. FLORIDA	ج
				nd Zip Code		59
		kevin.r	oukou	s@gmail.com		
		•		e annual report notification)		
For fu	rther information	concerning this matter, please	e call:			
	Kevi	n Roukous	at (305) 965.8	3304	
	Name	of Person		Area Code & Daytime Telephone	Number	
Enclos	sed is a check f	or the following amount:				
_	.00 Filing Fee		_ Се	ertified Copy Cerditional copy is enclosed) Cerditional copy is enclosed)	0.00 Filing Fortificate of Startified Copy	tus &
		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 Circle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	;
BellaLuke	LLC
(Must end with the words "Limited Liab	ility Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address: AHASS
21879 Palm Grass Dr. Boca Raton, Fl 33428	21879 Palm Grass Dr. Boca Raton, Fl 33428
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Region business entity with an active Florida registration.)	stered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Kevin Re	oukous
Name	•
21879 Palm	Grass Dr.
Florida street address (P.C	
Boca Raton 33428	FL
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capacitatutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Manager	a Manshau	Name and Address:	
"MGRM" = Managir	g Member	Kevin Roukous 21879 Palm Grass Dr. Boca Raton, FL 33428	2010 JAN 2 SECHETA TALLAHAS
			RY OF STATE SEE. FLORIDA
(Use attachment if ne	cessary)		
CLE V: Effective date, effective date is listed, 0 days after the date o REQUIRED SIGNA	the date must be s f filing.)	ate of filing:specific and cannot be more than fi	(OPTIONA) ive business days
(In a	accordance with section	or an authorized representative of a mer on 608.408(3), Florida Statutes, the execut utes an affirmation under the penalties of pr n are true.)	ion
Filing Fees:		d or printed name of signee	
of Registere		water and pesignation	

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)