

L10000044113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

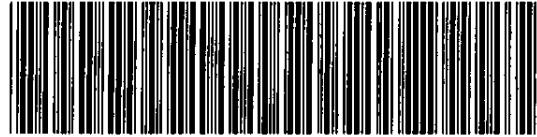
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200176997272

04/23/10 -01024--004 \*\*155.00

FILED  
10 APR 23 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 26 2010

EXAMINER

EFFECTIVE DATE

5/1/10

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BELLE UNLIMITED GLOBAL BRANDS, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bianca McKenzie  
Name of Person

Firm/Company

19710 NW 52 Place  
Address

Miami Florida 33055  
City/State and Zip Code

kgm1@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bianca McKenzie at ( 305 ) 788-2610  
Name of Person Area Code & Daytime Telephone Number

Enclosed 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

FILED  
10 APR 23 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

BELLE UNLIMITED GLOBAL BRANDS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

19710 NW 52 Place  
MIAMI Florida 33055

#### Mailing Address:

19710 NW 52 Place  
MIAMI Florida 33055

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Karen McKenzie

Name

19710 NW 52 Place

Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33055

City, State, and Zip

FILED  
10 APR 23 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

Karen McKenzie

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 5/1/10

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Bianca A.V. McKenzie  
19710 NW 52 Place  
Miami FL 33055

MGR

Ebonie A. McKenzie  
5856 Auvers Boulevard, #3  
Orlando, FL 32807

MGRM

Karen A. McKenzie  
19710 NW 52 Place  
Miami FL 33055

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: MAY 1, 2010. (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:**

Karen McKenzie

Signature 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 that the facts stated herein are true.)

Karen McKenzie

Typed or printed name of signee

**FILED**  
10 APR 23 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)