L11000094095

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	

Office Use Only



500210816955

08/15/11--01035--002 **130.00

11 AUG 15 BH 3: 36

D. BRUCE
AUG 16 2011

EXAMINER

COVER.LETTER

TO: Registration Division of C	Section Corporations					
SUBJECT: CASA	A BELLA PRODU	ICTIONS	, LLC			
		ted Liability Co				
The enclosed Articles	of Organization and fee(s) are	submitted for t	filing.			
Please return all corres	pondence concerning this ma	tter to the follow	wing:			
<u>Linda Lu</u>	ppino					_
		Name of Person	1			
CASA B	ELLA PRODUCT	IONS, LL	.C			
 		Firm/Company	,			-
P.O. Box	: 112					
		Address		Ť.	·.	-
Sarasota,	FL 34230-0112			ירר	in in its	
	UP 100789	y/State and Zip (COM	HASSE	UG 15	Seeme and
· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be used	for future annual	report notification)	į mį	R 28	\overline{n}
For further information	concerning this matter, please	e cail:	•	, L 0 K	્રે છે	U
Linda Luppino		at (561	504-2887	7 ARE	(Cu	
Name	of Person	Area C	Code & Daytime Tel	lephone Number		
Enclosed is a check for	or the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	iling Fee & [Copy copy is enclosed)	\$160.00 Filin Certificate of Certified Cop (additional copy	Status &)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto 2661	t/Courier Address tration Section ion of Corporation in Building Executive Center of lassee, FL 32301	18		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	eany is:
CASA BELLA PRODUCT	IONS, LLC
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1651 10th Street	P.O. Box 112
Sarasota, FL 34236	Sarasota, FL 34230
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its over business entity with an active Florida registration.)	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another
The name and the Florida street address of	
Linda Luppino	Name SE
	Name HASSEI
1651 10th Sti	reet Eo
Florida s	reet address (P.O. Box NOT acceptable)
Sarasota	# 34236

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(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:

#1.40D# 1.4	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MBRM	Linda Luppino
	1651 10th Street
	Sarasota, FL 34230
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Effective date, if other than	the date of filing: (OPTIONAL)
CLE V: Effective date, if other than	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days pri
CLE V: Effective date, if other than fective date is listed, the date mus	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days price.
LE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days price.
CLE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days pri
CLE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business days pri
CLE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a meaning and	mber or an authorized representative of a member.
CLE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a men constitutes an affirmation up I am aware that any false in	mber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herei are true of a document to the Department of State
CLE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a men constitutes an affirmation up a may a	mber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated hereif are true formation submitted in a document to the Department of State ellony as provided for in s.817.155, F.S.)

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)