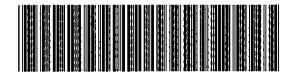
12000000138

(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: L. SELLERS				
JAN 9 2012				
EXAMINER				

Office Use Only



800215639708

01/03/12--01009--010 **130.00

SECRETARY OF STATE

COVER LETTER

TO: Registration Division of	i Section Corporations		
_{SUBJECT:} Limo	Bella, LLC		
3000EC1.		ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing	
	espondence concerning this mat	_	
r lease retain an corre	spondence concerning this mai	ter to the following.	
Yuctan .	Antonio Hodge	Name of Person	
		Name of Person	
		F: /6	
		Firm/Company	
7203 Be	eakrush Lane		·
		Address	
Winter Ga	arden, Florida 34787		
antonio@l	Cit imobella.com	y/State and Zip Code	
antonio@i		for future annual report notification)	
For further informatio	n concerning this matter, please	e call:	
Yuctan Antonio	Hodae	at (407) 595-2117	
Name of Person		Area Code & Daytime Tele	ephone Number
P .1 12 1 1			
	for the following amount:		7
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	s
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center (
	1 attailassee, 1 L 32314	Tallahassee, FL 32301	SHOR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
LimoBella, LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
203 Beakrush Lane Vinter Garden, FL 34787	7203 Beakrush Lane Winter Garden, FL 32787
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Yuctan Antonio Hodge	
Name	
7203 Beakrush La	ane
Florida street addr	ess (P.O. Box NOT acceptable)
Winter Garden	_{FL} 34787
City, Stat	c, and Zip
Having been named as registered agent and to a	ccept service of process for the above stated limited

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)

(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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	YUCTAN ANTONIO HODGE		
	7203 BEAKRUSH LANE WINTER GARDEN, FL 34787		
MGRM	GLORIA DIAZ HODGE		
	7203 BEAKRUSH LANE WINTER GARDEN, FL 34787		
MGRM	DEREK DENNIS HODGE		
	7203 BEAKRUSH LANE		,
	WINTER GARDEN, FL 34787		,
			•
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	—		
REQUIRED SIGNATURE:	. (1		
Juctan	Aloge		
(In accordance with section 608 constitutes an affirmation under I am aware that any false information constitutes a third degree felony	4.408(3), Florida Statutes, the execution of this do to the penalties of perjury that the facts stated here that ion submitted in a document to the Departme of as provided for in s.817.155, F.S.)	ocument ein are true nt of State	7
	ONIO HODGE ped or printed name of signee	E CR	
Filing Fees:	E at Ermon mino at Album	TARY	i i
\$125.00 Filing Fee for Articles of Orga	nization and Designation		
of Registered Agent \$ 30.00 Certified Copy (Optional)		SZ .	
\$ 5.00 Certificate of Status (Optional		5	<u>ම</u> ආ