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Effective Date 07/15/12

07/18/12--01007--003 **125.00

SECNETARY OF STATE

J. BRYAN

JUL 19 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Bottle Cap Beauties L	LC
	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Kristen M. Dyal	
	Name of Person
Bottle Cap Beauties Llc	ALCONE TO THE
	Firm/Company
13535 C.R. 127	Address SEE SEE SEE SEE SEE SEE SEE SEE SEE S
	Address Co. 5
Sanderson Fl. 32087	· · · · · · · · · · · · · · · · · · ·
Ci	ty/State and Zip Code
bottlecapbeauty@yahoo.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, pleas	se call:
Kristen Dyal	_at (904) 813-2459
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Bottle Cap Beauties LLC (Must end with the words "Limited Liability")	Company "LLC "or "LC"
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13535 CR 127	Same
Sanderson Fl. 32087	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	ered Agent. You must designate an individual or another Effective Date 07//5/12
The name and the Florida street address of the re	gistered agent are:
Kristen Dyal	
Name	
13535 CR 127	
Elorida street addr	roce (P.O. Roy NOT acceptable)

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

_{FL} 32087

Registered Agent's Signature (REQUIRED)

Sanderson

(CONTINUED)

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

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

Title:	Name and Address:	9
"MGR" = Manager		150 第 4
"MGRM" = Managing Member		TALLAR SECRE
MGR	Kristen Dyal	HE O
·	13535 CR 127	0.50
	Sanderson Fl. 32087	Mg 3
MGR	Jay Dyal	SEE FLORES
	13535 CR 127	i i
	Sanderson Fl. 32087	
		
(Use attachment if necessary)		
ICLE V: Effective date, if other than the	date of filing. 07/15/12	(OPTIONAL)
effective date is listed, the date must b		
90 days after the date of filing.)		
· · · · · · · · · · · · · · · · · · ·		
REQUIRED SIGNATURE:		

Mixter ul Dual

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Kristen M. Dyal

Typed or printed name of signee

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)