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SECRETARY OF STATE

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Three Bells, 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:
Shawki Mikhail and Raouf Abdel Malek
Name of Person
Food Market
Firm/Company
8808 Largo Mar Dr
Address
Fort Myers, FLORIDA 33967
City/State and Zip Code
Chmikhail@comcast.net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shawki Mikhail <sub>at (</sub> 239 ) 280-2155
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\text{S155.00 Filing Fee & Certificate of Status}\$\text{Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADDICE D. K. Names		
ARTICLE I - Name: The name of the Limited Liability Compa	ny is:	
Three Bells,LLC		
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")	)
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limite	ed Liability Company is:
Principal Office Address:	Mailing Address:	
Shawki Mikhail	8808 Largo Mar Dr	
Raouf Abedl Malek	8808 Largo Mar Dr	
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	stered Office, & Registered Ag n Registered Agent. You must designate an	ent's Signature: individual or another
The name and the Florida street address of	f the registered agent are:	<b>三</b> 台
Shawki Mikhail		PILE OCT 12 CRETARY
	Name	ETARY MASSER
8808 Largo	Mar Dr	新ると四

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

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

Registered Agent's Signature (REQUIRED)

Fort Myers,

(CONTINUED)

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" = Managing Member	Name and Address:
MGR	Shawki Mikhail 8808 Largo Mar Dr Fort Myers, FLORIDA 33967
MGRM	Raouf Abedi Malek 8808 Largo Mar Dr Fort Myers. FLORIDA 33967

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: November 1st 2012. (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:**

Rague Fabrille Halek
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.)

## Raouf Abedi Malek

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)