

L130000014625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

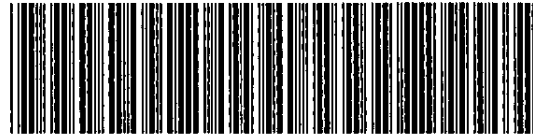
(Business Entity Name)

(Document Number)

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2013 JAN 28 PM 12:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bee Sew Happy 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:

Nellie M. Fitzgibbon

Name of Person

Bee Sew Happy LLC

Firm/Company

5337 MOUNTAIN LAUREL LN

Address

MILTON, FL 32570

City/State and Zip Code

BEESEWHAPPYBOUTIQUE@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NELLIE FITZGIBBON

Name of Person

at **(682) 597-1514**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEE SEW HAPPY 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:

5337 MOUNTAIN LAUREL LN
MILTON, FL 32570

Mailing Address:

5337 MOUNTAIN LAUREL LN
MILTON, FL 32570

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:

NELLIE FITZGIBBON

Name

5337 MOUNTAIN LAUREL LN

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

MILTON FL 32570

City, State, and Zip

FILED
2013 JAN 28 PM 12:01
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..

Nellie M. Fitzgibbon

Registered Agent's Signature (REQUIRED)

(CONTINUED)

