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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

3-48017

SEP 1 6 2013

COVER LETTER

TO: Registration Section

Division of Corporations

French Kiss The Chef 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:

Bella Belcheva Name of Person French Kiss The Cheff LLC Firm/Company 5771 Coach House Circle #E Boca Raton/Florida 33486 City/State and Zip Code bella belcheva@yahoo.com

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

For further information concerning this matter, please call:

Bella Belcheva

Name of Person

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



RECEIVED 13 SEP 13 PN 4: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 28, 2013

BELLA BELSHEVA 5771 COACH HOUSE CIR #E BOCA RATON, FL 33486

SUBJECT: BASHERT JEWELRY LLC

Ref. Number: W13000048017

We have received your document for BASHERT JEWELRY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist II

Letter Number: 513A00020500

Registration/Qualification Section

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Com	pany is:	
French Kiss The Chef LLC		
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	of the principal office of the Limited	d Liability Company is:
Principal Office Address:	Mailing Address:	
5771 Coach House Circle #E	5771 Coach House Circle #E	
Boca Raton/Florida 33486	Boca Raton/Florida 33486	
Bella be 5771 Cooc Florida Boca Korbi	Name Name MHULL CR. # Street address (P.O. Box NOT acceptable) FL 33486 City, State, and Zip	• ·
(Co	ated in this certificate, I hereby acce is capacity. I further agree to compl complete performance of my duties,	ept the appointment as ly with the provisions of and I am familiar with
	-	3 1

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
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	,
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTION of the specific and cannot be more than five but.)
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LE V: Effective date, if other than ffective date is listed, the date m or 90 days after the date of filing REQUIRED SIGNATURE.	ust be specific and cannot be more than five bu
LE V: Effective date, if other than ffective date is listed, the date m or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a men constitutes an affirmation un I am aware that any false inf	ust be specific and cannot be more than five bu
LE V: Effective date, if other than ffective date is listed, the date m or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a men constitutes an affirmation un I am aware that any false inf	nber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)
LE V: Effective date, if other than ffective date is listed, the date m or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a men (In accordance with section constitutes an affirmation un I am aware that any false inficonstitutes a third degree fel	nber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
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