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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	····
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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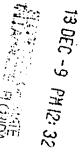
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SUFFICIENCY OF FILMS

OF SHE S- 330 END

EFFECTIVE DATE
12-6-13



(8.	50) 245-6051. COVER LETTER					
ije.	TO: Registration Section Division of Corporations					
SUBJECT: James H. Bell 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:					
	James H. Bell					
	Name of Person					
	James H. Bell LLC.					
	Firm/Company					
	46 Bowling Green Drive					
	Address					
	Havana, FL 32333					
	City/State and Zip Code					
	James70350@yahoo.com					
	E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
	James H. Bell 850 879-1696					

Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount: ■\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160,00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy 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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	13 DEC -9	
James H. Bell LLC.		- W 7
(Must end with the w	ords "Limited Liability Company, "L.L.C.," or "LLC.")	ন ন
ARTICLE II - Address: The mailing address and street a	ddress of the principal office of the Limited Liab	bility Company is:
Principal Office Address:	Mailing Address:	
46 Bowling Green Drive	46 Bowling Green Drive	EFFECTIVE DATE
Havana,FL	Havana,FL	12-6-13
32333	32333	
(The Limited Liability Company cannot se business entity with an active Florida regi	ent, Registered Office, & Registered Agent's stree as its own Registered Agent. You must designate an individual istration.) address of the registered agent are:	Signature: ual or another
James H. Bell		
-	Name	
46 Bowling Gre	een Drive	
	Florida street address (P.O. Box NOT acceptable)	
Havana	_{FL} 32333	
	City, State, and Zip	

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 MGRM MGRM MGRM 46 Bowling Green Drive Havana,FL 32333 (Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Dec 6, 20/3. (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:

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.)

James H.Bell

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)