ig Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H14000289107 3))) H140002691073ABC% Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. TO: Division of Corporations Fax Number : (850)617-6383 From: Account Name : CORP USA Account Number : 072450003255 AM 9: Phone : (305)634-3694 Fax Number : (305)633-9696 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: FLORIDA LIMITED LIABILITY CO. **BEBE MICHELLE LLC** RECEIVE Certificate of Status 0 E Certified Copy 1 ഗ Page Count 03 С Ш С \$155.00 Estimated Charge K SALY EXAMINER Electronic Filing Menu Corporate Filing Menu Help DEC 1 6 2014 https://sfile.sunbiz.org/scripts/efilcovr.exe 12/15/2014

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AKTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

Bebe	Mich	elle	LLC
			1 479 7 81

(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:	Mailing Address:
1801 Polk Strept	1801 Polk street
# 222114	# 22.2114
Hallynand, Fl. 33022	- Hollyward, EL 33022

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 Plorida street address of the registered agent are:





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 605, F.S. Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page1 of2

	EILED 2014 DEC 15 AM 9:25
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	SECTIVEC 15 AM 9: 20
ARTICLE IV- The name and address of each person authorized	d to manage and control the Limited Liability Company HASSEE. FLORING Name and Address:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MG (2	Britany Bain
	- 1801 JPOIK Strep 1 == 2221111 Hallyward FL 33022
<u> </u>	
(Use attachment if necessary)	
the date of filing.)	g: <u>////////////////////////////////////</u>
ARTICLE VI: Other provisions, if any. NUNE	
REQUIRED SIGNATURE:	y M. Brin
constitutes an affirmation under the pe I am aware that any false information is constitutes a third degree folony as pro-	(1) (b), Florida Statutes, the execution of this document malties of perjury that the facts stated herein are true. submitted in a document to the Department of State ovided for in s.817.155, F.S.)
Britary M	d or printed name of signee
\$125.00 Filing Fee for Articles of Organizati \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	<u>Filing Fews;</u> lon and Designation of Registered Agent
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