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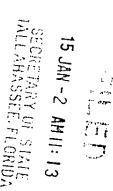
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J. Shivers JAN 20 7775

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bella Flora Brands 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:
Steven Leftridge Name of Person
Name of Person
Bella Flora Brands
Firm/Company
P.O. BOX 1270
P.O. Box 1270 Address
Apopka FL 32704 City/State and Zip Code Steve O Bella Flux alants Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steven Le ffridge at (401) 718-2888 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & 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

ARTICLE I - Name: The name of the Limited Liability Company is:	
Bella Flora Brands L	lc
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Apopea FL 32712	PO BOX 1270 Apopka, FL 32780
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own F another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	agent are:
Steven Left Name	ridge_
Florida street address (P.O. Box	
ApopKa City	FL 327/)
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company a the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in er 605, F.S.
Sty Left	SECON INCOME.
Registered Agent's Signate	SSEE (C
Page 1 of 2	FLORID.

'AMBR" = Authorized Member 'MGR" = Manager	Name and Address:
M6R	Steven Leftridge 1112 Deer Gulley CT Anopka PL 32712
	Apop 154 1 P12 32112
	
ctive date is listed, the date must be spec	of filing: 1-01-2015 (OPTIONAL) cific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date of	of filing: 1-01-2015 (OPTIONAL) cific and cannot be more than five business days prior to or 90
CV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)	of filing: 1-01-2015 (OPTIONAL) cific and cannot be more than five business days prior to or 90
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CV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	The first and cannot be more than five business days prior to or 90 mber or an authorized representative of a member. .0203 (1) (b), Florida Stantes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of States as provided for in \$ 817.155. F.S.)
CV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	the penalties of perjury that the facts stated herein are true. as provided for in s.817.155, F.S.)
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