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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

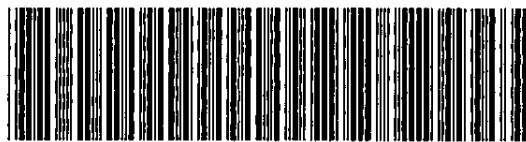
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 FEB -4 AM 8:54  
SHERIFF'S OFFICE  
TALLAHASSEE, FLORIDA

J. Shavers FEB 11 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Southern Wedding Belle's 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:

Nisa Gonzalez

Name of Person

The Southern Wedding Belle's LLC.

Firm/Company

455 ALT 19 S. Apt #43

Address

Palm Harbor FL 34683

City/State and Zip Code

the.southern.wedding.belles@gmail.com

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

For further information concerning this matter, please call:

Lesley Gonzalez

Name of Person

at (813)

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:

The Southern Wedding Belle's 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:

455 ALT 19 S. #43

Palm Harbor FL 34683

Mailing Address:

455 ALT 19 S. #43

Palm Harbor FL 34683

**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:

Nisa Gonzalez

Name

455 ALT 19 S. #43

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

Palm Harbor FL 34683

City

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 605, F.S..*

Nisa Gonzalez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 FEB-4 AM 8:54  
FLORIDA  
STATE  
REGISTRATION  
DIVISION  
FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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