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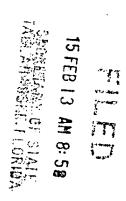
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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TO BELLEVIA FEB S O YOUR

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: BobbieBe	ell Global LLC Name of Lin	nited Liability Company	
The enclosed Articles of	Organization and fee(s) ar	e submitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
Roberta Be	ell	Name of Person	
		Firm/Company	
111 Ocean	Reef Lane	Address	
Naples, FL		ity/State and Zip Code	
rbell0916@gmail	com	for future annual report notifica	ition)
For further information of	concerning this matter, plea	ise call:	
Roberta Bell Name	at (2 of Person	239) <u>775-7144</u> Area Code Daytime Tel	lephone Number
Enclosed is a check for t	he 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)
Regist Divisio P.O. B	ng Address ration Section on of Corporations sox 6327 assee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
BobbieBell Global LLC (Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principa	l office of the Limited Liability Company is:
-	
Principal Office Address:	Mailing Address:
111 Ocean Reef Lane	111 Ocean Reef Lane
Naples, FL 34114	Naples, FL 34114
(The Limited Liability Company cannot serve as its or another business entity with an active Florida registra The name and the Florida street address of the registe	
_	
Roberta Beil Na	ma
iva	ine
111 Ocean Reef Lane	
Florida street address (P.O. I	Box NOT acceptable)
<u>Naples</u>	FL 34114
City	Zip
the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provisio of my duties, and I am familiar with and accept the	service of process for the above stated limited liability company ascept the appointment as registered agent and agree to act in this ns of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in appear 605, F.S
Roberta 7	Bell
Registered Agent's Sig	gnature (REQUIRED)
(CONTI) Page 1	

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR - Manager	Roberta Bell
	111 Ocean Reef Lane
	Naples, FL 34114
	
(Use attachment if necessary)	
ective date is listed, the date must of filing.)	e date of filing: <u>upon filing</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 90 of
ective date is listed, the date must of filing.)	e date of filing: <u>upon filing</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 90 o
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ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ta Bell
REQUIRED SIGNATURE: Signature of (In accordance with section)	ta Bell a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE: Signature of (In accordance with sections)	ta Bell. Ta member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE: Signature of (In accordance with sections and affirmation I am aware that any false)	ta Bell a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
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REQUIRED SIGNATURE: Signature of (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree Roberta Be	Typed or printed name of signee Filing Fees: of Organization and Designation of Registered Agent (all) ptional)
REQUIRED SIGNATURE: Signature of (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree Roberta Be \$ 30.00 Certified Copy (Option	Tamember or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: of Organization and Designation of Registered Agent (ad)