L15000172773

(Requestor's Name)
(Requestors Name)
(1)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
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10/05/15--01040--011 **160.00

DIVISION OF CORPURATION

EFFECTIVE DATE 09/29/15

10/12/15

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	B & B BLING, LLC
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	VALERIE A MOLINA
	Name of Person
	B & B BLING, LLC
	Firm/Company
	20657 SW 90 PL
	Address
	CUTLER BAY, FL 33189
	City/State and Zip Code BNB_BLING@HOTMAIL.COM
	E-mail address: (to be used for future annual report notification)
For further	r information concerning this matter, please call:
	VALERIE A MOLINA 305 910-3383
	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) Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

B & B BLING, LLC. (Must end with the words "Limited Lial")	bility Company, "L.L.C.," or "LLC.")
LE II - Address:	
ling address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2930 SW 81 AVE	20657 SW 90 PL
	CUTLER BAY, FL 33189

The name and the Florida street address of the registered agent are:

VALERIE A MOLINA

Name

20657 SW 90 PL

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

CUTLED BAY

ET 32180

CUTLER BAY FL 33189
City State 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATION

		ach person authorized to manage and control the Limited Liability Company:
	Title: "AMBR" = Authorized	Name and Address:
	"MGR" = Manager	
	AMBR	VALERIE A MOLINA
		20657 SW 90TH PL
		CUTLER BAY, FL 33189
	AMBR	ANNA P NOVO
		9020 SW 48TH ST
		MIAMI, FL 33165
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		
	(Use attachment if nece	ry)
	•	
		r than the date of filing: SEPTEMBER 29, 2015 (OPTIONAL)
	rective date is listed, the of filing.)	te must be specific and cannot be more than five business days prior to or 90 days after
		ock does not meet the applicable statutory filing requirements, this date will not be listed a
		e Department of State's records.
ADDIC	F F 571 - Oak	
ARTIC	LE VI: Other provisions,	ny.
	DESCRIPTION OF CALL	
	REQUIRED SIGNAT	E:
	REQUIRED SIGNAT	lus h
		ature of a member or an authorized representative of a member.
	This do	hallo.

Filing Fees:

Anna NOVO

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

15 OCT -5 AN II: 38