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(Re	equestor's Name)	
. (Ac	ddress)	
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(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Ві	usiness Entity Name)	
(Da	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Division of C	n Section Corporations		
SUBJECT:	Bella's Gem Name of Lin	stones LLC nited Liability Company	
The enclosed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Drego F	Name of Person	
		Gemstones UC	
		Firm/Company	
	6446 Blue 64	rosbeak Civ	
	·	Address	
	laxewood Ra	nd, 71, 34202	
		City/State and Zip Code	
<u> , , , , ,</u>	E mail address: (talka usad	inch Fl 34202 City/State and Zip Code 909mail.com I for future annual report notificat	ion)
			(Oil)
For further information	concerning this matter, pleas	e call:	
Dream	Vasalez ac	770 , 3566530	
O lesto	ame of Person A	770 356 65 30 Trea Code Daytime Telephon	e Number
Enclosed is a check for	or 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)
	iling Address w Filing Section	Street Address New Filing Section	

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

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2016

DIEGO F. VASQUEZ 6446 BLUE GROSBEAK CIR LONGWOOD RANCH, FL 34202

SUBJECT: BELLA'S GEMSTONES LLC

Ref. Number: W16000050253

We have received your document for BELLA'S GEMSTONES LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$130.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 416A00015134

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Rella Constance 111

ARTICLE I - Name:

The name of the Limited Liability Company is:

<u>ار ۱</u>	21/192 POUIZIO	ies Luc	<u>,</u>		
(Must end v	rith the words "Limited Li	iability Comp	any, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	dress of the principal offic	ce of the Limi	ted Liability Company is:		
<u>Principa</u>	LOffice Address:		Mailing Addre	<u>:ss</u> :	
6446 Blue Granch	osbear (x 1,F1,34202	 -	6446 Blue Gosbed Laxewood Randh, FI, =		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac	cannot serve as its own Rective Florida registration.)	egistered Age		ividual or	
The name and the Florida street a	•			_ ,,	
	Sandra 1	L. Aran	90		per out
	N	Name	2	全有品	S. Servi
	6446 Blue 6	vosbear 1	Cr	ASS <u>+</u>	رو چې د ا
	Florida street address (l	P.O. Box NO	T acceptable)	ന്~് ഇയ ≽	1
	Vallewood Rand	n 71	34202		٠ ٢
	City	State	Zip	AM 10: 04 BF STATE. FLORIDA	٠, .
Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the obl	hereby accept the appoint visions of all statutes rela	ntment as regis ting to the pro	stered agent and agree to act is per and complete performance	n this capacity. I e of my duties, and I	

(CONTINUED)

stered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Diego Vasquez
	Lance wood Ranch . II, 34202
(Use attachment if necessary)	
ffective date is listed, the date must be s	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 da
ffective date is listed, the date must be set of filing.) If the date inserted in this block does not ument's effective date on the Department	meet the applicable statutory filing requirements, this date will not be
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ARTICLE IV-