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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : HUBCO
Account Number : 104662003400
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: charlesm@cpamassie.com

FLORIDA LIMITED LIABILITY CO.
BELLE & BEAU LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

H16000216065

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I - NAME

BELLE & BEAU LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

**27296 Johnson St.
Bonita Springs, FL 34135**

ARTICLE III -

Registered Agent, Registered Office, & Registered Agents Signature

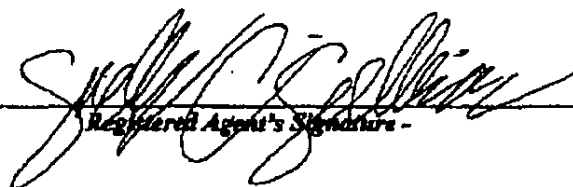
The name and Florida street address of the registered agent is:

Shelby C. Sullivan
Name

27296 Johnson St.
(P.O. Box or Mail Drop Box **NOT** acceptable)

Bonita Springs, FL 34135
(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.

⑩ 
Registered Agent's Signature -

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H16000216065

ARTICLE IV -

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

Shelby C. Sullivan
27290 Johnson St
Bonita Springs, FL 34135

ARTICLE V --

Effective date, if other than the date of filing: September 1, 2016

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or authorized representative of a member

(In accordance with section 605.0263(1)(B), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F. S.)

Shelby C. Sullivan

Typed or printed name of signer .

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