

3/20/2018

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L18000070363

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000089029 3)))



H180000890293ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : BUSINESS FILINGS
 Account Number : 105256001620
 Phone : (608)827-5300
 Fax Number : (608)827-5501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
 2018 MAR 20 AM 11: 55
 DIVISION OF CORPORATIONS
 BUREAU OF COMMERCIAL
 INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
Bonne Idee LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FILED
 2018 MAR 20 AM 11: 27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)
 [Corporate Filing Menu](#)
 [Help](#)

MAR 21 2018
 K PAGE 5

FAX AUDIT # H18000089029 3

**ARTICLES OF ORGANIZATION
OF
Bonne Idee LLC**

ARTICLE I NAME

The name of the limited liability company is: Bonne Idee LLC

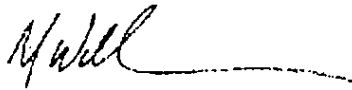
ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be:
5647 South Beneva Road, Sarasota, Florida 34233.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.



Signature: _____
Mark Williams, A.V.P. Business Filings Incorporated

Date: *March 12, 2018*

ARTICLE IV MANAGERS/MEMBERS

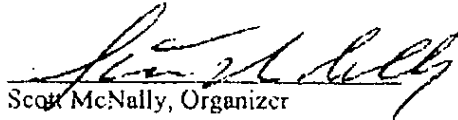
The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:
Fotello Inc., 5647 South Beneva Road, Sarasota, Florida 34233

FAX AUDIT # H18000089029 3

FAX AUDIT # H18000089069 3

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.


Scott McNally, Organizer

Date: 3/16/18

Authorized Representative

(In accordance with section 605.0203 (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.)

FAX AUDIT # H18000089029 3