11800/33281

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special management to 1 ming officer.

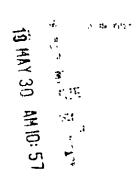
Office Use Only

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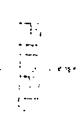
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05/30/18--01018--003 **125.00



ALCOHOL:

18 HAY 30' FM 3: 52



CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

'		WALK IN	·
		PICK UP: 5/30	
		CERTIFIED COPY	
	\B	РНОТОСОРУ	
		CUS	
	內	FILING	
1.		(CORPORATE NAME AND DOCUMENT#)	
2.		(CORPORATE NAME AND DOCUMENT #)	18 HAY 30
3.		(CORPORATE NAME AND DOCUMENT#)	
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5.		(CORPORATE NAME AND DOCUMENT#)	
6.		(CORPORATE NAME AND DOCUMENT #)	
SPE	CIAI	L INSTRUCTIONS:	

COVER LETTER

TO: Registratio Division of	n Section Corporations			
SUBJECT: Queer	n Bee. LLC Name of Li	mited Liability Company		
The enclosed Article	s of Organization and fee(s) a	are submitted for filing.		
Please return all corr	espondence concerning this n	natter to the following:		
<u>Kevin A</u>	. Denti, Esquire	Name of Person		
<u>Kevin A</u>	. Denti, P.A.	Firm/Company		
<u>2180 Іп</u>	nmokalee Road - Suite #31	6Address		18 HAY 30
Ņaples,	Florida 34110			ن ن ا
	(City/State and Zip Code	3 * 3	PH
kdenti@dentila	E-mail address: (to be use	ed for future annual report notific	ation)	ري د
For further information	on concerning this matter, ple	ase call:	•	1/2
Ke <u>vin A. Denti. Esç</u> Na	quire at (at (at (at (at (239) 260-8111 Area Code Daytime Te	lephone Number	
Enclosed is a check for	or the following amount:			
☑ \$ 125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	i)
Reg	uiling Address gistration Section	Street/Courier Add Registration Section		

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

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

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Queen Bee, LLC		
	(Must end with the words "Lim	ited Liability Company, "L.L.C" or "LLC.")
ARTICLE II - Addi	ress:	
The mailing address a	and street address of the princip	al office of the Limited Liability Company is:
Principal Office Add	dress:	Mailing Address:
61 12th Avenue So	outh	61 12th Avenue South
Nanles Florida 34	1102	
ARTICLE III - Reg (The Limited Liabilit	istered Agent, Registered Offi y Company cannot serve as its of ity with an active Florida registr	Naples, Florida 34102 ice, & Registered Agent's Signature: own Registered Agent. You must designate an indiation.)
ARTICLE III - Reg (The Limited Liability another business enti	istered Agent, Registered Offi	ice, & Registered Agent's Signature: own Registered Agent. You must designate an indi- ation.)
ARTICLE III - Reg (The Limited Liability another business enti	istered Agent, Registered Officy Company cannot serve as its city with an active Florida registrorida street address of the registropida Keyin A. Denti, Esquire	ice, & Registered Agent's Signature: own Registered Agent. You must designate an indiation.) ered agent are:
ARTICLE III - Reg (The Limited Liability another business enti	istered Agent, Registered Officy Company cannot serve as its city with an active Florida registrorida street address of the registropida Keyin A. Denti, Esquire	ice, & Registered Agent's Signature: own Registered Agent. You must designate an indi- ation.)
ARTICLE III - Reg (The Limited Liability another business enti	istered Agent, Registered Officy Company cannot serve as its city with an active Florida registrorida street address of the registropida Keyin A. Denti, Esquire	ice, & Registered Agent's Signature: own Registered Agent. You must designate an indiation.) ered agent are:
ARTICLE III - Reg (The Limited Liability another business enti	istered Agent, Registered Office of the property Company cannot serve as its of ity with an active Florida registrorida street address of the registropida s	ice. & Registered Agent's Signature: own Registered Agent. You must designate an inditation.) ered agent are: ame
ARTICLE III - Reg (The Limited Liability another business enti	istered Agent, Registered Office of the property Company cannot serve as its of the registropida street address of the registropida street address of the registropida street Agents Esquire Keyin A. Denti, Esquire No. 2180 Immokalee Road - S	ice. & Registered Agent's Signature: own Registered Agent. You must designate an inditation.) ered agent are: ame

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

8 MAY 30 FH 3: 59

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager AMBR	Lynn S. Mount	
7,4001	61 12th Avenue South	
	Naples, Florida 34102	
		
		
		
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		-
(Use attachment if necessary)		
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of filing.) LE VI: Other provisions, if any.	ific and cannot be more than five business days prio	r to or 90 c
of filing.) LE VI: Other provisions, if any.	ific and cannot be more than five business days prio	r to or 90 c
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of filing.) LE VI: Other provisions, if any.		r to or 90 c
of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem	ber or an authorized representative of a member.	
REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605), constitutes an affirmation under the section of the	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this doctor penalties of perjury that the facts stated herein are	cument
Signature of a mem (In accordance with section 605) constitutes an affirmation under the family am aware that any false information.	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this doc	cument
Signature of a mem (In accordance with section 605.) constitutes an affirmation under to 1 am aware that any false information constitutes a third degree felony is Keyin A. Denti. Es	ober or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this doe the penalties of perjury that the facts stated herein are a ation submitted in a document to the Department of Sta as provided for in s.817.155, F.S.)	cument true.
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Signature of a mem (In accordance with section 605.) constitutes an affirmation under the lam aware that any false information constitutes a third degree felony: Keyin A. Denti. Es \$125.00 Filing Fee for Articles of Organs 30.00 Certified Copy (Optional)	ober or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this does the penalties of perjury that the facts stated herein are station submitted in a document to the Department of Status provided for in s.817.155, F.S.) Squire Typed or printed name of signee Filing Fees: nization and Designation of Registered Agent	cument true.
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ARTICLE IV-