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SUBNETARY OF STATE FALLAHASSEE, FLORID FILELY OF STATE HVISION OF CORFORATION COVERLETTER

TO: New Filing Section Division of Corporations	∄
SUBJECT: Bling BO	of Limited Liability Company
The enclosed Articles of Organization and fe	e(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Mancy	Placide Name of Person
Bling Bo	Hies and More
4026 Wir	Klerave #106
Fort Mu bling both E-mail address: (to b	City/State and Zip Code -Les and more Egmail. Com e used for future annual report notification)
For further information concerning this matter.	please call:
Hancy Placid	Area Code Daytime Telephone Number
Enclosed is a check for the following amount	
\$125.00 Filing Fee S130.00 Filing Fe Certificate of Sta	
Mailing Address	Street Address Nam Filian Section
New Filing Section Division of Corporations P.O. Box 6327	New Filing Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Bling Bottles & More, Ll	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address	<u>:ss</u> :
4026 Winkler are #106 4026 Winkler Fort Myers, F	ave #1/06 Fl. 33916
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indanother business entity with an active Florida registration.)	ividual or
The name and the Florida street address of the registered agent are: Name Name	
4026 Winkler ave #106	
Florida street address (P.O. Box NOT acceptable)	
24. Myers, 71. 33916	
City J State Zip	
Having been named as registered agent and to accept service of process for the above stated limited liabil place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in turther agree to comply with the provisions of all statutes relating to the proper and complete performance turn familiar with and accept the obligations of my position as registered agent as provided for in Chapter	n this capacity. I e of my duties, and I
Atuna	HVISIO 18 JU OCLINE OCLINE ALL AL
Registered Agent's Signature (REQUIRED)	ASSET
(CONTINUED)	RECEFLOR
	85 - 85 86 - 86

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: er
MGR	Many Placide 4026 Winkler are #106 Fl. Myers, Fi. 33916
an effective date is listed, the date m	n the date of filing:
TICLE V: Effective date, if other than effective date is listed, the date in date of filing:) te: If the date inserted in this block of document's effective date on the De	ust be specific and cannot be more than five business days prior to or 90 days a does not meet the applicable statutory filing requirements, this date will not be list
TICLE V: Effective date, if other tha an effective date is listed, the date m date of filings)	ust be specific and cannot be more than five business days prior to or 90 days a does not meet the applicable statutory filing requirements, this date will not be list

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

Filing Fees:

\$ 30.00 Certified Copy (Optional)

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\$ 5.00 Certificate of Status (Optional)