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Certified Copies	_ Certificates	of Status
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## COVER LETTER

New Filing Section Division of Corporations

TO:

SUBJECT: BELLA BELLA K LOZET  Name of Limited Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Coresa Daniels-Harrison		
150 Armstead Road		
Duincy, Fla		
32351		
City/State and Zip Code  Coresaharrison a yahoo. Com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Coresa Harrison 850, 228-4689		
Name of Person Area Code Daytime Telephone Number		
I timplosed is a check for the following amount:		
\$125.00 Filing Fee Certificate of Status Certificate of Status (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
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:  2019 Mahan Drive 150 Armstead Road Tailahassee, Fla 32308 Guing Fla 32351
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 individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:  Ovesa Daniels Harrison  Name
150 Armstead Road  Florida street address (P.O. Box NOT acceptable)
Duncy Fla 32351 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
Registered Agent's Signature (REQUIRED)

(CONTINUED)

	ARTICLE IV- The name and address of each person author	rized to manage and control the Limited Liability Company:
į	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	MANACATAN	ABAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
		War and Alexander
	Manager	Coresa Daniels Harrison 150 Armstead Road Duncy Fla 32351
	(Use attachment if necessary)	· J
If an he da <u>Note:</u>	ate of filing.)	ic and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as
(RT)	CLE VI: Other provisions, if any,	
	REQUIRED SIGNATURE: T	ariel - Harrison
	This document is executed I am aware that any false interest a third degree fe	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, ormation submitted in a document to the Department of State tony as provided for in s.817.155. F.S.
	(bresa c	yped or printed name of signee
		Filing Fees:

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

\$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Optional)