# 122000487226

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(F	Requestor's Name)
٩)	address)
(A	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	-,-

Office Use Only



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## COVER LETTER

	w Filing Sec vision of Co				
SUBJECT:		Bette	er Bee, L	LC	
50051.0.1.		<del></del>	Limited Liabi		
The enclose	d Articles of	Organization and fee(s	are submitted	I for filing.	
Please retur	n all corresp	ondence concerning thi	s matter to the	following:	
		Thomas H	icks		
			Name o	i Person	
		501c34u,	Inc.		
			Firm'Ce	ompany	
		33552 We	stview D	rive	
			Add	ress	
		Bigfork, M	T 59911		
		501c34u@	City/State ai		
<del>-</del>		E-mail address; (to be t	ised for future	annual report notificat	ion)
for further in	formation co	ncerning this matter, pl	ease call;		
	Thoma	as Hicks	714	926-2200	
_	Nan	ne of Person	Area Code	Daytime Telephon	ie Number
Enclosed is	a check for t	he following amount:			
<b>X</b> \$125,00 ∣	Filing Fee	□\$130,00 Filing Fed Certificate of Status	Certif	i5.00 Filing Fee & ied Copy nal 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

Street Address
New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

### ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

	D - 44 D 1 1 4	2	
<del> </del>	Better Bee, LLO		
(Must co	ntain the words "Limited Liability	v Company, "L.L.C" or "L.L.C	(C.11)
ARTICLE H - Address: The mailing address and street	address of the principal office of	the Limited Liability Compar	ny is:
<u>Princ</u>	ipal Office Address:	<u>Mailin</u>	og Address:
1032 E Bra Brandon, F	ndon Blvd., 3321 _ 33511	1032 E Brand Brandon, FL	lon Blvd., 3321 33511
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent. Registered Office, & Reging cannot serve as its own Register active Florida registration.)	stered Agent's Signature: rred Agent. You must designa	AAASA AAASA AAASA AAASA AAASA AAASA AAASA AAASA AAAASA AAAASA AAAAAA
The name and the Florida stree	et address of the registered agent a	are:	8 PA
	Northwest Regi	stered Agent LL	JV -8 PH 2: 56 HASSEE TORRIDA
	7901 4th St N S	STE 300	
	Florida street address (P.O. St. Petersburg,	•	

laying been named as registered agent and to accept service of process for the above stated limited liability company at the duce designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. In orther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I m familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

State

City

Registered Agent's Signature (REQUIRED)

Zip

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Maryam Heinen
	1032 E Brandon Blvd. 3321
	Brandon, FL 33511
	~ ~2
	TALLANDY
	PH 2:
	081E
(Use attachment if necessary)	
ICLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.)  2: If the date inserted in this block does not	e of filing:
ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.)  2: If the date inserted in this block does not locument's effective date on the Departmen	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be li
TCLE V: Effective date, if other than the date of effective date is listed, the date must be splate of filing.)  e: If the date inserted in this block does not document's effective date on the Departmen	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be li
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TCLE V: Effective date, if other than the date in effective date is listed, the date must be splate of filing.)  e: If the date inserted in this block does not document's effective date on the Department ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a in This document is executed am aware that any false.	meet the applicable statutory filing requirements, this date will not be lit of State's records.

 $\mathfrak{as}$ 

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)