

12/15/22, 9:41 AM

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Division of Corporations

Florida Department of State

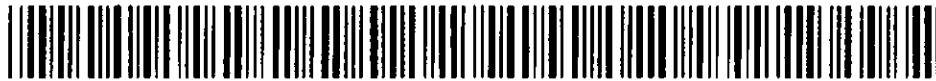
Division of Corporations

Electronic Filing Cover Sheet

2022 12 15 PM 2:25

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To:

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

***** RESUBMIT *****

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

**ORIGINALLY FAXED 12/15/2022.
HAVE NOT RECEIVED FILED
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ALEX@ALLFORONEMEDIA.NET

**FLORIDA LIMITED LIABILITY CO.
Bella Babes Management, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

22 DEC 15 PM 12:35

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bella Babes Management, LLC

(Must end with 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:

911 SW 21st Street
Boca Raton, FL 33486

911 SW 21st Street
Boca Raton, FL 33486

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.)

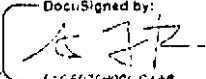
The name and the Florida street address of the registered agent are:

Alexander Rodriguez
Name

911 SW 21st Street
Florida street address (P.O. Box **NOT** acceptable)

Boca Raton FL 33486
City 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..

DocuSigned by:

5:05570E95C448
Registered Agent's Signature (REQUIRED)
Alexander Rodriguez

(CONTINUED)

22 DEC 15 PM 12:35

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Alexander Rodriguez

911 SW 21st Street

Boca Raton, FL 33486

AMBR

Liam O'Regan

911 SW 21st Street

Boca Raton, FL 33486

AMBR

Matthew Rodriguez

12185 US-1 #5101

North Palm Beach, FL 33408

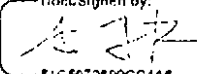
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

DocuSigned by:

51C5670699CC4A6

Signature of a member or an authorized representative of a member.

(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.)

Alexander Rodriguez

Typed or printed name of signee

22 DEC 15 PM 12:35