

123000521907

H23000392176 3

Florida Department of
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the file audit number (shown below) on the top and bottom of all pages of the document.

((H23000392176 3))



H230003921763-000

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6361

From:

Account Name : HAND ARENDALL HARRISON SALL LLC
Account Number : 120190000118
Phone : (850)759-3434
Fax Number : ~~850-344-9731~~ (850) 344-9731

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jcampfield@handfirm.com

FLORIDA LIMITED LIABILITY CO.
BE BETTER BAG, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
2023 NOV 21 AM 2:22 PM 9:20
CLERK OF STATE
TALLAHASSEE, FL

H23000392176 3

ARTICLES OF ORGANIZATION BE BETTER BAG, LLC

ARTICLE I – NAME

The name of the limited liability company is BE BETTER BAG, LLC, ("company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
40 Riker Ave.
Santa Rosa Beach, FL 32459

Mailing Address:
40 Riker Ave.
Santa Rosa Beach, FL 32459

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Hand Arendall Harrison Sale, LLC
c/o Dion J. Moniz, Esq.
35008 Emerald Coast Pkwy, Ste. 500
Destin, Florida 32541

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:

Dion J. Moniz

Hand Arendall Harrison Sale, LLC

ARTICLE IV – PURPOSE

Any and all lawful business.

ARTICLE V - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

AMBR

Name and Address:

BE BETTER HOLDINGS, LLC

40 Riker Ave.

Santa Rosa Beach, FL 32459

ARTICLE VI - EFFECTIVE DATE

The effective date of the company shall be 11/11/2023.

REQUIRED SIGNATURE:

DocuSigned by:
Corey Flynn
Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

Corey Flynn, as AMBR of Be Better Holdings LLC
Typed or printed name of signee

2023 NOV 20 PM 9:20
FILED
STATE OF FLORIDA
SANTA ROSA BEACH, FL