

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

(((H24000067042 3)))



H240000670423ABCZ

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

	Fax Number	: (850)617-6381	ć
From:			7
	Account Name	: EXPRESS CORPORATE FILING SERVICE INC.	-
	Account Number	: 120000000146	•
	Phon e	: (305)444-4994	Ų.
	Fax Number	: (305)328-4774	
		•	
*Entar	the email addres	s for this ousiness entity to be used for future	-

FLORIDA LIMITED LIABILITY CO. BELABEL LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Signal State of the Corporate Filing Menu Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
BELABELILC	
(Must and with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal o	ffice of the Limited Liability Company is.
Principal Office Address:	Mailing Address:
8850 NW 97TH AVENUE STE 214 DORAL, FL 33178	8850 NW 97TH AVENUE STE 214 DORAL, FL 33178
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
ABEL ALONSO Name	
8850 NW 97TH AVENUE STI Florida street address (P.O. Box	(<u>NOT</u> acceptable)
<u>DORAL</u> City	FL 33178
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	rvice of process for the above stated limited liability company at it the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in ter 605, F.S.
Registered Agent's Signa	Alonso
Registered Agent's Signa	ture (REQUIRED)
(CONTINU	ED)
Page 1 of 2	
	<u>-:</u> ∼

1824 FED 19 1/15 8: 45

Title: "AMBR" ≃ Authorized Member "MGR" ≃ Manager	Name and Address:	
MGR	ABEL ALONSO 8850 NW 97TH AVENUE S DORAL, FL 33178	STE 214
-		
(Use anachment if necessary)		
f filing.) E VI: Other provisions, if any.	d cannot be more than five bus	(OPTIONAL) iness days prior to or 9
f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	d cannot be more than five bus	iness days prior to or 9
f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: /a/ Al	d cannot be more than five bus Sel Alonso an authorized representative 1) (b), Florida Statutes, the executation of perjury that the facts at aboutted in a document to the D	of a member. ution of this document ated herein are true.
If filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or (In accordance with section: 605.0203 (constitutes an affirmation under the per I am aware that any false information is constitutes a third degree felony as provided.	d cannot be more than five bus Sel Alonso an authorized representative 1) (b), Florida Statutes, the executation of perjury that the facts at aboutted in a document to the D	of a member. of a member. of this document ated herein arc true. epartment of State
Filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or (In accordance with section: 605.0203 (constitutes an affirmation under the per I am aware that any false information is constitutes a third degree felony as proving the constitutes a third degree felony as proving the constitutes a third degree felony as proving the constitutes at th	an authorized representative an authorized representative salties of perjury that the facts authoritied in a document to the Divided for in s.817.155, F.S.)	of a member, ution of this document ated herein are true, epartment of State
Filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or (In accordance with section 605.0203 (constitutes an affirmation under the per I am aware that any false information seconstitutes a third degree felony as provided that the per ABEL ALONSO Typed	d cannot be more than five bus Sel Alonco an authorized representative 1) (b), Florida Statutes, the executives of perjury that the facts at abmitted in a document to the Didled for in s.817.155, F.S.) or printed name of signee	of a member, ution of this document ated herein are true, epartment of State
Signature of a member or (In accordance with section 605.0203 (constitutes an affirmation under the per I am aware that any false information seconstitutes a third degree felony as pro-	an authorized representative an authorized representative salties of perjury that the facts authoritied in a document to the Divided for in s.817.155, F.S.)	of a member, ution of this document ated herein are true, epartment of State
REQUIRED SIGNATURE: Signature of a member or (In accordance with section 605.0203 (constitutes an affirmation under the per I am aware that any false information seconstitutes a third degree felony as provided that the secons is the secons of the second	d cannot be more than five bus Sel Alonco an authorized representative 1) (b), Florida Statutes, the executives of perjury that the facts at abmitted in a document to the Didled for in s.817.155, F.S.) or printed name of signee	of a member, ution of this document ated herein are true, epartment of State