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COVER LETTER

TO: New Fili Division	ng Section of Corporations		
	Bluchold	lo 1-60.	
SUBJECT:		ed Liability Company	
The enclosed Arti	cles of Organization and fee(s) are s	ubmitted for filing.	
	orrespondence concerning this matte		
. 1011/2 12111111111111111111111111111111		gle Bauer	
		Name of Person	
		Firm/Company	
6	75-114 Fx beul	Court	
4	1097010	Address	
	PARKLOUL +	C. 33076	
	PAFKLOUL F LILAARNPEYO	ty/State and Zip Code	
	E-mail address: (to be used	for future annual report notification	on)
For further inform	nation concerning this matter, please	call:	
Ac	llocial Ban at A	754) 554 - C	0028 Number
	Name of Classic		
Enclosed is a ch	eck for the following amount:		
□\$125,00 Filir	ng Fee □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	(\$\$\\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	todal xu
	New Filing Section Division of Corporations	New Filing Section D The Centre of Tallah	assec
	P.O. Box 6327	2415 N. Monroe Stre	

Tallahassee, FL 32314

Tallahassee, FL 32303

$ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

ARTICLE 1 - Name: The name of the Limited Liability Company is:
Bluebelle LCC.
(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: Mailing Address:
9544 Expens Court 9544 Expuly Com
PARKLON Fh 33076 Hankland Fl 33076
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:
Adelaide Boul
Name
Florida street address (P.O. Box NOT acceptable)
Parklaid FC 33076
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 Rogistered agent agent (REQUIRED)
(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Adelaide Bauer 95-44 Exputy count PARKland, Florida 33076
(If an effective date is listed, the date must be	ate of filing: Moveh 3 w 2023. (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is ex I am aware that any constitutes a third de	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. Italse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
Adela	Typed 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)

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

ARTICLE IV-