

L24000236802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

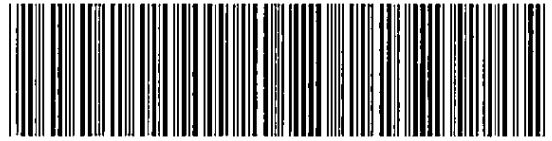
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000429167340

FILED

2024 MAY 31 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2024 MAY 31 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Bella Tutoring and Consulting, LLC
Name of Limited Liability Company

services

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peterson Francois
Name of Person

Bella Tutoring and Consulting, LLC
Firm/Company

582 SW Sea Holly terrace
Address

Pont saint Lucie FL 34984
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peterson Francois at (954) 534 5112
Name of Person Area Code Daytime Telephone Number

2024 MAY 31 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Enclosed is a check for the following amount:

- \$125.00 Filing 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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bella Tutoring and Consulting LLC
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

Services

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

~~Port St~~ 582 SW Sea Holly Ter
Port Saint Lucie FL 34984

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:

Peterson Francis
Name
582 SW Sea Holly Terraces
Florida street address (P.O. Box ~~NOT~~ acceptable)
Port Saint Lucie FL 34984
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 and 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.

Peterson Francis
Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE
TALLAHASSEE, FL

2024 MAY 31 AM 9:47

FILED

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Peterson Francois
582 SW Sea Holly Terrace
Port Saint Lucie FL 34984

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

2004 MAY 31 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

REQUIRED SIGNATURE:

Peterson Francois

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.

PETERSON FRANCOIS

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent