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#### COVER LETTER

Division	of Corporations		
SUBJECT:	Bella VIIIa, LLC	lame of Limited Liability Company	
	N	ame of Limited Liability Company	
The enclosed "A <sub>l</sub> Existence, and cl	oplication by Foreign Limited Liabil neck are submitted to register the abo	ity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.	
Please return all o	correspondence concerning this matt	er to the following:	
	Bryan Devereux Name of Person		
		Name of Person	
		Firm/Company	
	282 Pilot H	ouse Drive	
		Address	
	Myrtle Beac	h SC 29577	
	-	City/State and Zip Code	
	pier 14 ma	il@yahoo.com	
-		o be used for future annual report notification)	
For further infor	nation concerning this matter, please	call:	
	Bryan Devereux	at ( <u>843</u> ) <u>455-6503</u> Area Code Daytime Telephone Number	
	Name of Contact Person	Area Code Daytime Telephone Number	
Registi Divisio P.O. B	Address: ration Section on of Corporations fox 6327 assee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Please r	d is a check for the following amour make check payable to: FLORIDA 1 5.00 Filing Fee	DEPARTMENT OF STATE	

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	Limited Liability Company; must include "Limited Limited Limit		
3 South Caro	In a high timered liability company is organized)	3 87-410196	9
(Jurisdiction under the law of w	nich threezo immied nability company is organized)	6 F 177 DERIV	шет, и аррисани г
4	(Date first transacted business in Florida, if prior to reg	istration.)	<del>_</del> _
	(Date first transacted business in Florida, if prior to reg (See sections 605 0004 & 605,0005, F.S. to determine		
5. 282 Pilot Hor Street Address of Principal Office)	1se Dr	6. 282 Pilot H	ouse ur.
Myrtle Beach	SC 29577	Myrtle Beach	SC 2957,7
My The Scale			
			- 1, - 1, - 1, - 1, - 1, - 1, - 1, - 1,
7. Name and street address	ss of Florida registered agent: (P.O. Box 1	<u>KOT</u> acceptable)	20 F
	1		AH II:
Name:	Lawrence Juliano		FAE -
Office Address:	417 NE 17th Ave #1	4	
	Fort Lauderdale		01
	DICT CALACTOR (City)	, Florida 2000 (Zip code)	<u> </u>
Registered agent's accep	tance: gistered agent and to accept service of pre	ocess for the above stated limited	d liability company at the place
designated in this applica	tion, I hereby accept the appointment as toons of all statutes relative to the proper a	registered agent and agree to acc	t in this capacity. I further agree
and accept the obligation	s of my position as registered agent.		
	- Lise place		
(	(Registered agent's sig	nature)	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Juliano, Lawrence Richard Manager □Manager Name: \_\_\_\_\_ Address: 417 NE 17th Ave + 14 Address: \_\_\_\_\_\_ □Member ☐ Member Fort Lauderdale, FL **M**Authorized □ Authorized 33301 Person Person □Othei\_\_\_\_\_ ∐Other Other\_\_\_\_ Other\_ Name: Bryan Devereux □Manager Address: 282 Pilot House Dr. □Member Address: \_\_\_\_\_ ☐ Member Myrtle Beach SC 29577 Authorized □ Authorized Person Person □Other\_\_\_\_ □Other \_\_\_\_ □Other\_\_\_\_ Other\_ □Manager Name: \_\_\_\_\_\_ ■ Manager Address: \_\_\_\_\_ Address: \_\_\_\_\_\_ ☐ Member □Member □ Authorized □ Authorized Person Person Other □Other\_\_\_\_\_ □Other\_\_\_\_ □Other\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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.

# The State of South Carolina



## Office of Secretary of State Mark Hammond

### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

BELLA VILLA LLC, a limited liability company duly organized under the laws of the State of South Carolina on December 29th, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 2nd day of May, 2022.

Mark Hammond, Secretary of State