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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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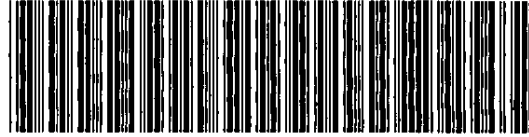
(Business Entity Name)

(Document Number)

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*msm*

CUNNINGHAM  
DALMAN PC  
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May 12, 2016

Florida Department of State  
New Filing Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Articles of Organization for Florida Limited Liability Company  
3 BelAir, LLC

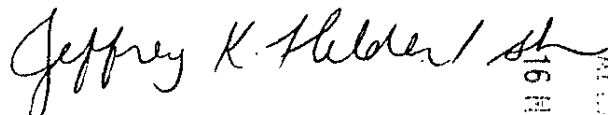
To Whom It May Concern:

Enclosed for filing please find Articles of Organization for 3 BelAir, LLC, along with the filing fee of \$125.00. Please contact me at 616-392-1821 if you have any questions regarding the enclosed, or require further information to complete the request. Please return the filed Articles of Organization to my attention at 321 Settlers Road, Holland, Michigan 49423. However, all future correspondence should be directed to the Company at the address listed in the Articles of Organization or to the Resident Agent. Thank you.

Very truly yours,

CUNNINGHAM DALMAN, P.C.

By

  
Jeffrey K. Helder

JKH/sh  
ENCLOSURES  
cc: Jerry M. Hertel

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TALLAHASSEE, FLORIDA  
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 3 BelAir, LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Jerry M. Hertel

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

420 Lakeshore Drive N

\_\_\_\_\_  
Address

Holland, MI 49424

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jerry M. Hertel

616

392-1811

at (\_\_\_\_\_) \_\_\_\_\_

Name of Person

Area Code

Daytime Telephone Number

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 of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3 BelAir, LLC

(Must end with 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:**

420 Lakeshore Drive N

Holland, MI 49424

**Mailing Address:**

420 Lakeshore Drive N

Holland, MI 49424

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:

Frank Gallucci

Name

2 Bel Air Drive

Florida street address (P.O. Box **NOT** acceptable)

Boynton Beach

FL

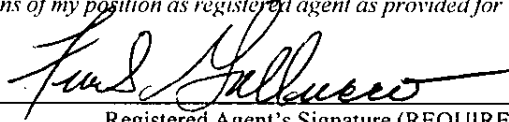
33435

City

State

Zip

*I 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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Hertel Grandchildren Christian Education Trust

c/o Jerry M. Hertel, Trustee

420 Lakeshore Drive N, Holland, MI 49424

(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.

**REQUIRED SIGNATURE:**



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.

Jerry M. Hertel, Trustee of Member

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)

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TALLAHASSEE, FLORIDA  
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