## A 32836 000004515100--8 City/State/Zip Phone # \*\*\*\*160.00 \*\*\*\*160.00 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time Walk in Certificate of Status Photocopy Will wait ☐ Mail out **AMENDMENTS NEW FILINGS** Amendment ☐ Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Foreign Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other Examiner's Initials CR2E031(7/97)



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 6, 2001

CAZZA BELLA BUILDERS, LLC 8044 VILLA DRIVE ORLANDO, FL 32836

SUBJECT: CAZZA BELLA BUILDERS, LLC

Ref. Number: W01000018107

We have received your document for CAZZA BELLA BUILDERS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 401A00045148

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liabil	lity Company is:	7	2	<b>~</b>	//	1
The name of the Limited Liabil	azza B	ELLA	BUILDER	5,		<u>_</u>
ARTICLE II - Address:			•			
The mailing address and street	address of the prin	cinal office of t	he I imited I ishilit	. Compone	, ia:	
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8044 Villa	Drive	Orland	10 FC	0283	36	
ARTICLE III - Registered A	gent, Registered C	Office, & Regis	tered Agent's Sign	ature:		
The name and the Florida street		_				
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	8044	VILLA	DRIVE			
F	lorida street address (I					
	ORLAN OC City, Sta	$o_{\rm FL}$ ( $\frac{3}{2}$	32836			
	City, Str	ate, and Zip				
registered agent and agree to a statutes relating to the proper a accept the obligations of my po  Article IV - Management (C	and complete perfor osition as registered Registe	rmance of my di l agent as provid red Agent's Signar	ities, and I am famil ted for in Chapter 6	liar with an	of all ud	
The Limited Liability Cor			nggar or mora mon	access and i		
therefore, a manager - ma		aged by one ma	mager or thore man	age <u>ry</u> and r	Ç.	
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(An additional	l article must be ad	lded if an effect	ive date is requested	1) ÉÉ	Ö	T
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Signature o	f a member or an aut	norizea represen	tative of a member.	<u>ئ</u> ئے۔	ι Σ	
of this docu	ance with section 608.4 ument constitutes an af its stated herein are true	firmation under th	tutes, the execution e penalties of perjury	ORIDA	5	
****		M. BES	4 LONGO	-		
	Typed or print	ted name of signee				
	<u>Filing Fe</u> \$100.00 F \$ 25.00 I		icles of Organization pistered Agent			

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

160,00