

L03000052133

(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



300025125613

12/05/03--01013--007 **125.00

12/12/12

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
03 DEC -4 AM 10:34

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Joseph A. Belle-Isle 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:

Joseph A. Belle-Isle
(Name of Person)

Joseph A. Belle-Isle LLC
(Firm/Company)

3490 Spring Hill rd.
(Address)

Fernandina Beach, Fla. 32034
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph A. Belle-Isle at (904) 491-0298
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC -4 AM 10:34

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Joseph A. Belle-Isle LLC

ARTICLE II - Address:

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

Principal Office Address:

Joseph A. Belle-Isle LLC
3490 Spring Hill Rd.
Fernandina Beach, Fla 32034

Mailing Address:

Joseph A. Belle-Isle LLC
3490 Spring Hill Rd.
Fernandina Beach, Fla. 3203

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Joseph A. Belle-Isle

Name

3490 Spring Hill Rd.

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

Fernandina Beach FL 32034

City, State, and 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 608, F.S.

JA Belle-Isle

Registered Agent's Signature

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC -4 AM 10:34

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR/owner/me

Name and Address:

Joseph A. Belle-Isle
3490 Spring Hill Rd.
Fernandina Beach Fla. 32034

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Joseph A. Belle-Isle

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Joseph A. Belle-Isle

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC -4 AM 10:34