

W4000079020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

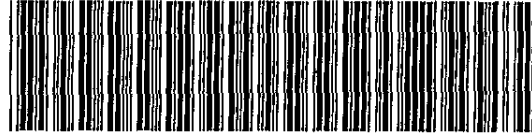
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 29 11:52
TALLAHASSEE, FLORIDA

W4-79020
LL

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Belleair Financial Trust, 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:

Gary Austin
(Name of Person)

Belleair Financial Trust, LLC
(Firm/Company)

2206 Clubside Drive
(Address)

Longwood, FL 32779-6223
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Austin at (407) 592-3809
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

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

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

OCT 28 2007 1:53

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Belleair Financial Trust, LLC

ARTICLE II - Address:

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

Principal Office Address:

Belleair Financial Trust, LLC
2206 Clubside Drive
Longwood, FL 32779-6223

Mailing Address:

Belleair Financial Trust, LLC
2206 Clubside Drive
Longwood, FL 32779-6223

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

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

Gary Austin

Name

2206 Clubside Drive

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

Longwood, FL 32779-6223

FL

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..



Registered Agent's Signature

(CONTINUED)

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14 OCT 28 PM 1:52
TALLAHASSEE, FLORIDA

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

Name and Address:

MGRM

Mallory Iles

913 Brantley Drive

Longwood, FL 32779-3521

MGRM

Joe Martinson

160 Ibis Rd

Longwood, FL 32779-2803

MGRM

Gary Austin

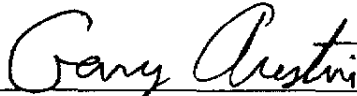
2206 Clubside Drive

Longwood, FL 32779-6223

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

Gary Austin

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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OCT 18 2011 1:53
CLERK OF CIRCUIT
JUDICIAL DISTRICT
MILWAUKEE, FLORIDA