

L05000018847

(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:

Examiner	000
Secretary	000
Registrar	000
Notary	000
Other	000
Administrative	000
Other	000

Office Use Only



700046855107

02/21/05--01068--012 **155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FEB 21 A 7:31

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BELA ENTERPRISES, 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:

Amy Connor
(Name of Person)

A.B. Connor & Assoc.
(Firm/Company)

4104 AIA South
(Address)

St. Augustine, FL 32080
(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Connor
(Name of Person)

at (904) 461-0505
(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)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 FEB 21 A 7 31

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BELA ENTERPRISES, LLC.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4104 AIA South
St. Augustine FL 32080

4104 AIA South
St. Augustine FL 32080

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

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

Amy Connor

Name

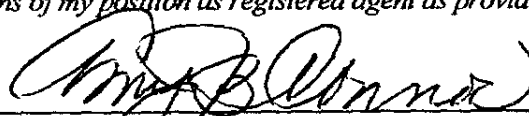
765 Medina Ave.

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

St. Augustine FL 32086

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FEB 21 A 1:31

FILED

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:

see attached

(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.)

Amy B. Connor

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)

<u>TITLE</u>	<u>Name and Address</u>
<u>MGRM</u>	<u>Amy Connor</u> <u>765 Medina Ave.</u> <u>St. Augustine, Fl 32086</u>
<u>MGRM</u>	<u>Erin Smith</u> <u>8130 A1A South, Unit G-4</u> <u>St. Augustine, Fl 32080</u>
<u>MGRM</u>	<u>Robert Freeman</u> <u>61 B Atlantic Oaks Cr.</u> <u>St. Augustine, Fl 32080</u>
<u>MGRM</u>	<u>Raymond Connor</u> <u>5 South St.</u> <u>St. Augustine, Fl 32080</u>
<u>MGRM</u>	<u>Judith Wright</u> <u>4080 Pine Run Cr.</u> <u>St. Augustine, Fl 32086</u>

FILED

2005 FEB 21 A 7:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA