LU5000081707

(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



100058723291

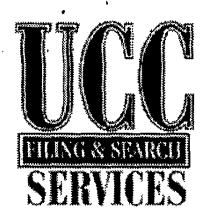
08/19/05--01003--017 **310.00

OS AUG 18 AM 7:57
SECRE LATEY OF STATE
ALLAHASSEE E FORE

RECEIVED

OF AUG 18 PM 4: 56

OF AUG 18 PM 4: 56



UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue
Tallahassee, Florida 32301
(850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

August 18, 2005

CORPORATION NAME (S) AND DOCUMENT NUMBER (S)

Bella Vita, LLC

Filing Evidence □ Plain/Confirmation Copy			Type of Docum ☐ Certificate of Sta	
	□ Certified Copy		☐ Certificate of Go	od Standing
			□ Articles Only	
	Retrieval Reques Photocopy Certified Copy	est	☐ All Charter Docu Articles & Amer ☐ Fictitious Name	
	NEW FILINGS		AMENDMENTS	
	Profit		Amendment	
	Non Profit		Resignation of RA Officer/Director	
x	Limited Liability		Change of Registered Agent	
	Domestication		Dissolution/Withdrawal	
	Other		Merger	

	OTHER FILINGS
! 	Annual Reports
	Fictitious Name
	Name Reservation
 	Reinstatement

REGISTRATION/QUALIFICATION
Foreign
Limited Liability
Reinstatement
Trademark
Other

ARTICLES OF OF	IGANIZATION FO	R FLORIDA LIMITED LIABE	INY COMPANY
ARTICLE I - Nam The name of the Lis	te: nited Liability Compa	ny is:	A SECTION AND A
BELLA VITA, LLC			705.5
ARTICLE II - Ade The mailing address		the principal office of the Limited L	iability Company is:
Principal Office A	idrete:	Mailing Address:	
2390 Tamiems Trail N Naples FL 34103	onth	2390 Tamismi Trail North Naples FL 34103	and have a state of the state o
ARTICLE III - Re	gistered Agent, Regis	tered Office, & Registered Agent'	ان بہتر ہے
The name and the F.	lorida street address of	the registered agent are:	TARE TO
(Christopher Rapp		500
•	1	Name	The Paris
:	2390 Tamiami Trad North	ı	开心 二
•	Florida stre	et address (P.O. Box NOT acceptable)	7: 5 FLORI
t	Napies, Fl. \$4103	FL	OF J
_	City, S	iste, and Zip	
tlability company	at the place designate	d to accept service of process for the d in this certificate, I hereby accept the passiy. I further agree to comply with	se appointment as

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)

Page 1 of 2

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

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

Title: "MGR" ≈ Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Darren Keller	
	417 Martin Court	
	Barrington, IL 60010	
MGRM	Christopher Radd	
	1253 Pine Court	
	Napies, FL 34102	
MGRM	John Ryan Huribut	
	418 Canal View Way	
	Indianapolis, IN 46202	
		

(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.)

Philip Tortorich, Authorized Representative

Typed or printed name of signee

Fling Foos:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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