

L05000107592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

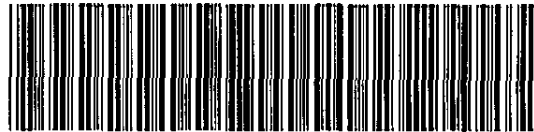
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~W05-48711~~

AS
11/17/05

Office Use Only



700060755467

10/24/05--01031--016 **160.00

05 NOV -7 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 25, 2005

ALI ALCHIKH
3825 W. MORRISON AVENUE
STE. 207
TAMPA, FL 33629

SUBJECT: BELLA VISTA REALTY OF FLORIDA LLC
Ref. Number: W05000048711

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

The document must contain the usual business addresses of its managing members or managers.

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) 245-6853.

Leslie Sellers
Document Specialist

Letter Number: 805A00064748

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BELLA VISTA REALTY OF FLORIDA 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:

ALI ALCHIKH

(Name of Person)

BELLA VISTA REALTY OF FLORIDA LLC

(Firm/Company)

3825 W. MORRISON AVE. SUITE #207

(Address)

TAMPA /FL 33629

(City/State and Zip Code)

For further information concerning this matter, please call:

ALI ALCHIKH

(Name of Person)

at (813) 963-1416

(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) |
|--|---|---|--|

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BELLA VISTA REALTY OF FLORIDA LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

3825 HENDERSON AVE.

SUITE #207

TAMPA, FL. 33629

Mailing Address:

3825 HENDERSON AVE

SUITE #207

TAMPA, FL. 33629

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ALI ALCHIKH

Name

3825 HENDERSON AVE. SUITE #207

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

TAMPA, FL. 33629

FL

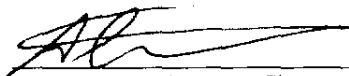
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV - 7 PM 1:45

APPROVED
AND
FILED

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 (REQUIRED)

(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

"MGRM" = Managing Member

Name and Address:

MGRM

ALI ALCHIKH

2406 W. MORRISON AVE

TAMPA, FL. 33629

MGR

AZAM ELSHEIKH

2301 W. JELTON AVE

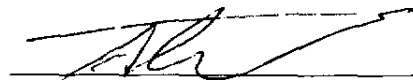
Tampa, FL 33629

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

ALI ALCHIKH

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)