

L05000110370

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

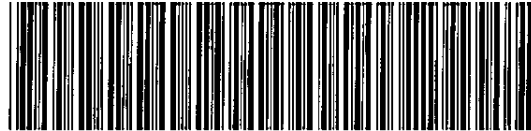
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*11/16/05*

*WDS-48968*

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01/20/05 - 01/02/05 \*\*160,000

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TALLAHASSEE FLORIDA

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AND  
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BELMONT PROPERTIES AND DEVELOPMENT  
(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:

DENNIS CHAD BRYANT  
(Name of Person)

LAURYSA CUSTOM HOMES, INC.  
(Firm/Company)

P.O. Box 620248  
(Address)

QUIEDO, FL 32762-0248  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHAD BRYANT at ( 407 ) 797-1409  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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



**FLORIDA DEPARTMENT OF STATE**

Glenda E. Hood  
Secretary of State

October 27, 2005

DENNIS CHAD BRYANT  
LAURYSSA CUSTOM HOMES, INC.  
P.O. BOX 620248  
OVIEDO, FL 32762-0248

SUBJECT: BELMONT PROPERTIES AND DEVELOPMENT  
Ref. Number: W05000048968

We have received your document for BELMONT PROPERTIES AND DEVELOPMENT and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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: 605A00065140

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

BELMONT PROPERTIES AND DEVELOPMENT, L.L.C.

### ARTICLE II - Address:

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

#### Principal Office Address:

15 WINDSOR MERE WAY  
SUITE 300  
OVIDO FL 32765

#### Mailing Address:

P.O. BOX 621929  
OVIDO FL 32762-1929

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

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

DENNIS CHAD BRYANT  
Name

15 WINDSOR MERE WAY SUITE 300  
Florida street address (P.O. Box NOT acceptable)

OVIDO FL 32765  
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.*

Dennis Chad Bryant  
Registered Agent's Signature

(CONTINUED)

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**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:**

MGR

DENNIS CHAD BRYANT  
321 LK MILLS RD.  
CHULUOTA FL. 32766

MGR

WANDA GAIL PERKINS  
1234 HAYCLON DR.  
CHULUOTA FL. 32766

(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.)

DENNIS CHAD BRYANT  
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)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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