WW 0000 45796

(Rec	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

-	on Section of Corporations	5			
SUBJECT:	BELLA	Vista	CONDOMINIUM	EAST	LLC
			Florida Limited Comp		
	r Business Enti	ty" into a '	rticles of Organizati 'Florida Limited Li		
Please return all o	·		-		
ROBERT Corpo RATE 4909	J. E	EVERETT			
^	(Contact P	erson)			
Corpo RATE	CONFIDEN	TIAL -	INC.		+1 <u>(2</u>
·	(Firm/Con	npany)			SEC SEC
4909	PRUCE HILL				APR 26 CRETARY LAMASSI
0	(Addre	ess)			26 ASS
CANTON	OΗ	44719	3		PH 12: 58
	(City, State and	d Zip Code)			1123 1123 1123
For further inform	nation concerni	ing this ma	tter, please call:		RATE S8
ROBERT (Name of C	J. EJE ontact Person)	RETT	at (<u>336</u>) (Area Code and	494. 8 d Daytime T	824 Gelephone Number)
Enclosed is a chee	ck for the follo	wing amou	ınt:		
\$150.00 Filing Fee (\$25 for Conversion & \$125 for Articles of Organization)			\$180.00 Filing Fee and Certified Copy	Certif	55.00 Filing Fees, ied Copy, and icate of Status
STREET ADDR Registration Section Division of Corporation Building 2661 Executive Control Tallahassee, FL 3	on orations enter Circle		MAILING Registration Division of P. O. Box Tallahasso	on Section of Corpora 6327	tions

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Bu	isiness Ent	ity" imm	ediately pric	or to the f	filing o	f this	1/0/
Certificate of Conversion is:	BELLA	VISTA	Consomi	עוטאין '	EAST	f this	,-4814
(Ent	ter Name o	of Other	Business E	ntity)			
2. The "Other Business Entity						= -3	
(Enter entity type. Examp	le: corpor	ation, lir	nited partn	ership, s	ole pro	prietorship,	c
general partr	ership, co	mmon la	w or busin	ess trust	, etc.)	三百 元	1 d
first organized, formed or inco						TARY 1XSSI	in the second
(Enter state, or	if a non-U	.S. entit	y, the name	of the c	ountry) [5]	
		·	•		•) E.FLU	
on <u>03.28.2005</u>		_ ·				TC :	ഗ
(Enter date "Other Busine	ess Entity'	' was firs	t organized	l, formed	l or inc	corporated)	Ų.
3. If the jurisdiction of the "Cunder the laws of which it is n					state or	country	
4. The name of the Florida Li Articles of Organization: පිර		•	npany as set				
(Enter Nan	as of Flori	da Limit	ad I iahilita	Compa	nv)		

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
Signed this 25 th day of April 20 06.
Signature of Authorized Person:
Printed Name: Joseph Daniele Title: MGRM
Fees: 3 23

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Page 2 of 2

Certificate of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

"L.C.,")	words Elimited Elability Company	, "Limited Company" or their abbreviation "LLC," or
ARTICLE II		
The mailing ad Liability Comp		f the principal office of the Limited
Diability Comp	party is.	
Principal Offi	ce Address:	Mailing Address:
4118 CAUS	SEWAY VISTA	4909 Spruce Hice CANTON OH 44718
T4 mpA	SEWAY VISTA FL 33615	CANTON OH 44718
Signature: The Limited Liabil: ndividual or anothe	ity Company cannot serve as its ower	istered Office, & Registered Agent's on Registered Agent. You must designate and
1 1		
business entity with	th an active Florida registration.)	L CRET
-	th an active Florida registration.) the Florida street address o	of the registered agent are:
-	the Florida street address of	of the registered agent are:
-	the Florida street address of	of the registered agent are:
-	the Florida street address of Robert J. 4040 Porpoi	FR 26 PH 2: 58 EVERETT Name SE DR. SE (P.O. Box NOT acceptable)
-	the Florida street address of Robert J. 4040 Porpoi Florida street address	Name SE DR. SE S(P.O. Box NOT acceptable)
-	the Florida street address of Robert J. 4040 Porpoi Florida street address ST. Peters Bur G.	Name SE DR. SE S(P.O. Box NOT acceptable)

(CONTINUED) Page 1 of 2

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)

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:				
Mbem	JOSEPH F. DANIELE				
	4118 CAUSEWAY VISTA				
	TAMPA FL 33415				
					
	(Use attachment if necessary)				
CLE V: Effective date, if other than the clonal)	date of filing:				
effective date is listed, the date must b	e specific and cannot be more thin five				
ess days prior to or 90 days after the dat	te of filing.) 역정 😕				
DEQUIDED GIONATUDE					
REQUIRED SIGNATURE.					
- Conth					
Signature of a member or an autl	horized representative of a member.				
(In accordance with section 608.4)	08(3), Florida Statutes, the execution				
V2-1, 11-1,	rmation under the penalties of perjury				
	ed berein are true)				
that the facts stat					
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that the fact state of the second state of the second seco	Danie le				

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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