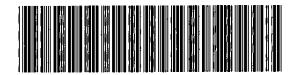
1200004555

(Requestor's Name)
(Address)
(A.11)
(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



500234981785



SECRETARY OF STATE

T. CLINE

MAY 14 2012

EXAMINER



ACCOUNT NO. : 12000000195

REFERENCE: 201664

AUTHORIZATION ____

COST LIMIT :(/

ORDER DATE: May 11, 2012

ORDER TIME : 1:36 PM

ORDER NO. : 201664-005

CUSTOMER NO: 5000010

DOMESTIC FILING

NAME: BELLAFREE, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Stephanie Milnes - EXT. 2920

EXAMINER'S INITIALS:

COVER LETTER

то:		stration S ion of Co	ection rporations				
SHR	ECT:	BELLAF	REE, LLC				
5010	,EC1			ited Liability Company			
The e	nclosed A	Articles of	Organization and fec(s) are	e submitted for filing.			
Please	e return a	ıll correspo	ondence concerning this ma	tter to the following:			
	David	W. Len	tz , Esq.	Name of Person			
				Name of Person			
	Lentz & Gengaro LLP						
				Firm/Company			
	347 Mt. Pleasant Avenue, Suite 203						
				Address			
	West (Orange, l	New Jersey 07052				
			Ci	ty/State and Zip Code			
	dlentz	@lentzg	engaro.com	for future annual report notification)			
For fu	rther info	ormation c	oncerning this matter, pleas	•			
David	David W. Lentz			at (973) 669-8900			
	Name of Person			Area Code & Daytime Teleph	ione Number		
Enclo	sed is a	check for	the following amount:				
\$125.0 0) Filing	Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$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 Cir Tallahassee, FL 32301	2012 MAY II AH 9: 41 SECRETARY OF STATE TALLAHASSEE, FLORIDA		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	į				
ARTICLE I - Name:					
The name of the Limited Liability Company is:					
BELLAFREE, LLC					
(Must and with the words "Limited Linbil	WITCOMPTCM				
(with the with the worth 1710 the 1710 the	ty Company. L.t.C., or Let., /				
ARTICLE II - Address:					
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
3846 St. Kitts Court	3846 St. Kitts Court				
Punta Gorda, Florida 33950	Punta Gorda, Florida 33950				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limiting 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:					
Stephen Cors					
Name					
3846 St. Kitts Court					
Flurida street address (P.O. Box NOT acceptable)					
Punta Gorda	FL 33950				
City, State	, and Zip				
Having been named as registered agent and to accliability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perfoaccept the obligations of my position as registe.	certificate, I hereby accept the appointment as I further agree to comply with the provisions of all ormance of my duties, and I am familiar with and red agent as provided for in Chapter 608, F.S				

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Stephen Cors 3846 St. Kitts Court Punta Gorda, Florida 33950 (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:**

(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, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a.817.155, F.S.)

Signature of a member or an authorized representative of a member.

Stephen Cors Typed or printed name of signee

Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Rogistered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Page 2 of 2