L12000129056

| (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: |
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SECREMENT OF STATE

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J. BRYAN

OCT 1 0 2012

EXAMINER

TEIN#59-3062233

COVER LETTER

TO:

| | stration Section sion of Corporations | , | Ne. |
|------------------|---|---|---|
| SUBJECT: | Bell Foundation Comp | pany LLC | |
| | | ited Liability Company | |
| The enclosed A | Articles of Organization and fee(s) are | e submitted for filing. | , |
| Please return a | all correspondence concerning this ma | atter to the following: | 12 06 1 10 1 1 1 2 2 8 12 1 1 1 1 1 1 1 1 2 2 8 |
| Jeff | M. Burgess | | |
| | | Name of Person | 35 |
| Bell | Foundation Compan | y | 12. S. S. |
| | | Firm/Company | 是 |
| 702 | 0 Cape San Blas Rd | | -y - |
| | | Address | |
| Port : | St Joe, FL 32456 | | |
| | | ity/State and Zip Code | |
| bellfo | ound@aol.com E-mail address: (to be used | for future annual report notification) | |
| For further infe | ormation concerning this matter, plea | • | |
| ror turner and | ormation concerning this matter, piea | se can. | |
| Jeff M. Bu | rgess | _at (850) 2273635 | |
| | Name of Person | Area Code & Daytime Telep | hone Number |
| Enclosed is a | check for the following amount: | | |
| \$125.00 Filing | Fee \$\int_\$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & 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 | Street/Courier Address Registration Section Division of Corporations Clifton Building | |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bell Foundation Company LLC

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

ARTICLE II - Address:

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

| Principal Office Address: | Mailing Address: | |
|---------------------------|------------------------|--|
| 7020 Cape San Blas Rd | 7020 Cape San Blas Rd | |
| Port St. Joe, FL 32456 | Port St. Joe, FL 32456 | |
| | | |

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:

| Jeff M. Burgess | |
|-----------------|--|
| | Name |
| 7020 Cape Sa | an Blas Rd |
| Florida sti | reet address (P.O. Box NOT acceptable) |
| Port St. Joe | _{FL} 32456 |
| C | 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..

(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:

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|---|--|
| "MGRM" = Managing Member | The second secon |
| MGRM | Jeff M. Burgess |
| | 7020 Cape San Blas Rd |
| | Jeff M. Burgess 7020 Cape San Blas Rd Port St. Joe, FL 32456 |
| MGR | Nancy I. Burgess |
| | 7020 Cape San Blas Rd |
| | Port St. Joe, FL 32456 |
| | |
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| | |
| (Use attachment if necessary) | |
| (| |
| LE V: Effective date, if other than the | e date of filing: (OPTIONA) |
| fective date is listed, the date must b | e specific and cannot be more than five business days |
| days after the date of filing.) | |
| | |
| | |
| | |
| REQUIRED SIGNATURE: | |
| REQUIRED SIGNATURE: | \circ |
| REQUIRED SIGNATURE: | m Bus 000 |

(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 s.817.155, F.S.)

Jeff M. Burgess

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)