orida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000213642 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BAND WEINTRAUB, P.L.

Account Number: 120090000020

Phone : (941) 917-0505

Fax Number

: (941) 917-0506

Enter the email address for this business entity to be used for fulture annual report mailings, Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. BELLAVILLINO, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$155.00 |



2013 SEP 25 AM 8: 14

SECRETARY OF STATE-TALLAHASSEE, FLORIDA

Audit# (((H13000213642 3)))

ARTICLES OF ORGANIZATION

BELLAVILLINO, LLC a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

BELLAVILLINO, LLC

ARTICLE II PRINCIPAL OFFICE

The street address and mailing address of the principal place of business of the Limited Liability Company shall be:

5133 Flagstone Drive Sarasota FL 34238

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Lillian A. O'Leary 5133 Flagstone Drive Sarasota FL 34238

ARTICLE IV EFFECTIVE DATE

The effective date of filing of these Articles of Organization is September 25, 2013.

Audi# (((H13000213642 3))) 00110129.WPD;1 Audil# (((H13000213642 3)))

ARTICLE V MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations or Operating Agreement of the Limited Liability Company.

Lillian A. O'Leary

"Authorized Representative"

Audl# (((h13000213642 3)))

00110129.WPD:1

Audit# (((H13000213642 3)))

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

BELLAVILLINO, LLC

2. The name and the Florida street address of the registered agent is:

Lillian A. O'Leary 5133 Flagstone Drive Sarasota FL 34238

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Cellian A. O Loary

"Registered Agent"

Þ.

Audit# (((H13000213642 3)))