

L14000077461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

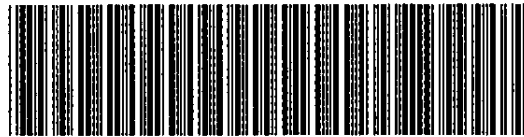
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



100259244561

04/28/14--01019--018 \*\*125.00

EFFECTIVE DATE

4/24/14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 APR 28 PM 2:22

FILED

N. Gulligan MAY 13 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Belinda's Bookkeeping Service, LLC.**  
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:

Belinda Pagan  
Name of Person

Firm/Company

10263 Devonshire Lake Dr  
Address

Tampa, FL 33647  
City/State and Zip Code

bpagan4@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Belinda Pagan at ( 813 ) 994-9405  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee      ☐ \$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  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 1, 2014

BELINDA PAGAN  
10263 DEVONSHIRE LAKE DRIVE  
TAMPA, FL 33647

SUBJECT: BELINDA'S BOOKEEPING SERVICE, LLC  
Ref. Number: W14000027474

We have received your document for BELINDA'S BOOKEEPING SERVICE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 214A00009299

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Belinda's Bookkeeping Service, 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:

10263 Devonshire Lake Dr

Tampa, FL 33647

10263 Devonshire Lake Dr

Tampa, FL 33647

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:

Belinda Pagan

Name

10263 Devonshire Lake Dr

Florida street address (P.O. Box **NOT** acceptable)

Tampa

City

FL 33647

Zip

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TALLAHASSEE, FLORIDA

*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 605, F.S..*

Belinda Pagan

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Belinda Pagan

10263 Devonshire Lake Dr.

Tampa, FL 33647

MGR

David Pagan

10263 Devonshire Lake Dr

Tampa, FL 33647

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 4/24/14. (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Belinda Pagan David Pagan  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Belinda Pagan

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)**

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