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(Requestor's Name)

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(Business Entity Name)

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14 MAY 12 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 20 2014

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bella Brezza  
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:

FRANC GRIMALDI  
Name of Person

Bella Brezza  
Firm/Company

309 NORTH OCEANSHORE BLVD.  
Address

FLAGLER BEACH, FL. 32136  
City/State and Zip Code

FRANKYGWH12@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANC GRIMALDI at ( 814 ) 572-3192  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bella Biezza 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:

Bella Biezza LLC  
509 NORTH OCEANSHORE BLVD  
FLAGLER BEACH, FL 32136

Mailing Address:

Bella Biezza LLC  
509 NORTH OCEANSHORE BLVD  
FLAGLER BEACH, FL 32136

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:

FRANK GRIMALDI

Name

2101 NORTH CENTRAL AVE

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

FLAGLER BEACH FL 32136

City

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 605, F.S.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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