## L14000181732

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		}

Office Use Only



500264880285

14 HOV 20 PH 4: 22

INISION OF CORPORATIONS

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/24/14

NAME:

BELLA FINANCE AND MANAGEMENT COMPANY LLC

TYPE OF FILING: ARTICLES

COST:

160.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 21, 2014

FLORIDA FILING & SEARCH SERVICES, INC. ATTN: ABBIE HODGE

SUBJECT: BELLS MANAGEMENT COMPANY LLC

Ref. Number: W14000070289

SUFFICIENCY OF FILING

THE NEW TO ANY STATE OF THE STA

We have received your document for BELLS MANAGEMENT COMPANY LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Tim Burch Regulatory Specialist II

Letter Number: 914A00024773

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limite	d Liability Company is:				
Bella Finance and	d Management Company LLC Must end with the words "Limite	d Liability Company,	, "L.L.Č.," or "	LLC.")	
ARTICLE II - Addre					
Principal Office Addi	ress:	Mailing Addres	<u>ss:</u>		
821 Palmera	s St.	821 Palr	mera St		
Orlando, FI			o, FL 328	11	
•	y with an active Florida registraticida street address of the registered  Paracorp Inco Nam  155 Office F Florida street address (P.O. Bo	d agent are: exporated c claza Dr. 1st ex NOT acceptable)		NOV 20 PM 4: 25 CRETARY OF STATE AHASSEE, FLORIDA	
	City	<u> </u>			
the place designat capacity. I further d	as registered agent and to accept so red in this certificate, I hereby accept agree to comply with the provision am familiar with and accept the of Cha	pt the appointment as s of all statutes relatin bligations of my positi pter 605, F.S.	registered agei g to the proper	nt and agree to act in thi and complete performat	s nce

(CONTINUED)
Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Benol Bellegarde	
MUR	821 Palmera St.	
	Orlando, FL 32811	
<del></del>		
	Ð.a	
		7
	±m	AOM
		~
	(n)	
(Use attachment if necessary)	SSE ARY	ò
,,	RANGERONAL STREET	70 P
CLE V: Effective date, if other than the date o	of filing: (OPTIONAL)	
CLE V: Effective date, if other than the date of effective date is listed, the date must be spec-	of filing: (OPTIONAL)	
CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.)	of filing: (OPTIONAL)	
CLE V: Effective date, if other than the date o	of filing: (OPTIONAL) The cific and cannot be more than five business days prior to FM days	ayeni N
CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.)	of filing: (OPTIONAL)	ayeni N
CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.)	of filing: (OPTIONAL) The cific and cannot be more than five business days prior to FM days	ayeni N
CLE V: Effective date, if other than the date of effective date is listed, the date must be specified filling.)	of filing: (OPTIONAL)	ayeni N
CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to FM de	ayeni N
CLE V: Effective date, if other than the date of effective date is listed, the date must be specifie of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	Sollerand	ayeni N
CLE V: Effective date, if other than the date of effective date is listed, the date must be specifie of filling.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem (In accordance with section 605.	and cannot be more than five business days prior to Barbara and cannot be more than five business days and cannot be more than five business days and cannot be bu	ayeni N
CLE V: Effective date, if other than the date of effective date is listed, the date must be specifie of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605. constitutes an affirmation under	nher or an authorized representative of a member.  .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true	ayeni N
CLE V: Effective date, if other than the date of effective date is listed, the date must be specifie of filling.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nher or an authorized representative of a member.  .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State	ayeni N
CLE V: Effective date, if other than the date of effective date is listed, the date must be specifie of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605, constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nber or an authorized representative of a member.  .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, lation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	ayeni N
CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem (In accordance with section 605, constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nber or an authorized representative of a member.  .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, lation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	ayeni N
CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem (In accordance with section 605, constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nher or an authorized representative of a member.  .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State	ayeni N
CLE V: Effective date, if other than the date of effective date is listed, the date must be specifie of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony  Bruck	nber or an authorized representative of a member.  .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, lation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	ayeni N