L15000044466

(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:				
W15-12708				

Office Use Only

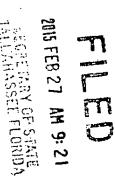
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02/11/15--01011--008 **72.50

01/12/15--01030--017 **87.50



MAR 1 2 2015 BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2015

DELORIS WHITTINGHAM 15375 SOFTWOOD CT. WELLINGTON, FL 33414

SUBJECT: BELVEDERE 104, LLC Ref. Number: W15000012708

We have received your document for BELVEDERE 104, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 415A00003665

2015 FEB 27 AM 9: 21

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 14, 2015

BELVEDERE 104, LLC 9200 BELVEDERE RD., SUITE 104 ROYAL PALM BEACH, FL 33411

SUBJECT: BELVEDERE 104, LLC Ref. Number: W15000002836

GENT A LAMINE

We have received your document for BELVEDERE 104, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 015A00000832

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

001818.523884.344415.16217 1 MB 0.435 530

BELVEDERE 104 LLC % DELORIS WHITTINGHAM SOLE MBR 9200 BELVEDERE RD STE 104 ROYAL PLM BCH FL 33411 Date of this notice: 01-09-2015

Employer Identification Number: 47-2681123

Form: SS-4

Number of this notice: CP 575 H

For assistance you may call us at: 1-800-829-4933

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IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-2681123. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election 5373. Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 3832.

To obtain tax forms and publications, including those referenced in this natice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and IRS will not be able to generate a duplicate copy for you.

 You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is BELV. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return this stub. Thank you for your cooperation.



001818

COVER LETTER

TO: Registration	Section Corporations	
SUBJECT:	elvedere	104 LLC.
	Name of Lin	mited Liability Company
The enclosed Articles	of Organization and fee(s) ar	are submitted for filing.
Please return all corre	spondence concerning this m	natter to the following:
De	doris Whi	ittingham
<u>Be</u>	lvedere 1	Name of Person
	1200 Bel	Vedere Rd. Suite#104
\mathcal{M}	ellington	FL 33411
_ <u> </u>	KueenE	City/State and Zip Code 1726 That 9 Mail. Com ed for future annual report notification)
For further information	n concerning this matter, plea	ease call:
Deloris 1	Nhitting homas	56 255-3637
Nam	ne of Person	Area Code Daytime Telephone Number
Enclosed is a check fo	r the following amount:	Already.
□ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mai</u>	ling Address	Street/Courier Address
Divi	stration Section sion of Corporations	Registration Section Division of Corporations
	Box 6327 ahassee, FL 32314	Clifton Building 2661 Executive Center Circle
	,	Tallahassee, FL 32301
		<u>a</u> ≅ 9 ♥
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

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

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address: Mailing Address:
9200 belvedere Rd # 194, SAME AS
Royal Palm Beach, FL 33411
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:
Deloris Whittingham
15375 Sofwood Ct.
Florida street address (P.O. Box NOT acceptable)
Wellington FL 33414
L ity 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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	"AMBR" = Authorized Me "MGR" = Manager		Name and Address:			
		; ; -	Whittingham, L 15375 Softwood Ct Wellington, FL 33	Selori 414	`S -	
		• •			- - -	
		<u>.</u>			- - -	
ARTICI	(Use attachment if necessar	r than the date of filing: _	(.(OPTIC		-	
(If an eff the date	fective date is listed, the dat of filing.) LE VI: Other provisions, if at	te must be specific and	cannot be more than five business days p	rior to or 9	90 day	s after _
	REQUIRED SIGNATUR	E: Davis W	Letter he			-
	Sign	ith section 605,0203 (1)	in authorized representative of a member (b), Florida Statutes, the execution of this	er.	-	
	constitutes an aff I am aware that a constitutes a third	ny false information sub degree felony as provided Eloris E	Ities of perjury that the facts stated herein a committed in a document to the Department of ded for in s.817.155, F.S.) Taine Whittings reprinted name of signee	are true. f State		
	constitutes an aff I am aware that a constitutes a thire	ny false information subdidegree felony as provided on the Elon's English Typed of Figure 1. Tricles of Organization (Optional)	omitted in a document to the Department of ded for in s.817.155, F.S.)	are true. f State	2015 FEB 27	7

ARTICLE IV-