

L15000177837

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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FILED
15 OCT 13 PM 2:04
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

OCT 20 2015

S. GILBERT

Leonard Kodra
555 Belhaven Falls Dr.
Ocoee, FL 34761

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

October 8, 2015

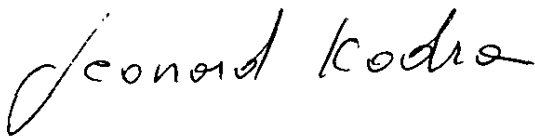
Re: Registration of LLC

Dear Sir:

Enclosed is the Cover Letter and Articles of Organization for Bella Italia
Ristorante, LLC.

Sincerely,

Leonard Korda

A handwritten signature in cursive script that reads "Leonard Kodra". The signature is written in dark ink and is positioned below the typed name "Leonard Korda".

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bella Italia Ristorante, 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:

Leonard Kodra

Name of Person

Bella Italia Ristorante, LLC

Firm/Company

13848 Tilden Road, Suite # 100

Address

Winter Garden, FL 34787

City/State and Zip Code

leonardkodra@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leonard Kodra

407 350-8878
at ()

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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 Italia Ristorante, 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:

13848 Tilden Road, Suite # 100
Winter Garden, FL 34787

Mailing Address:

13848 Tilden Road, Suite # 100
Winter Garden, FL 34787

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:

Leonard Kodra

Name

555 Belhaven Falls Dr.

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

Ocoee

FL

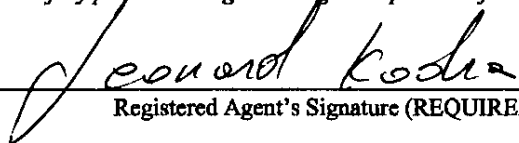
34761

City

State

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)

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:

Leonard Kodra

555 Belhaven Dr.

Ocoee, FL 34761

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Leonard Kodra

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)