

# L16000141927

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

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**FLORIDA LIMITED LIABILITY CO.  
BELLO HOLDING COMPANY, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BELLO HOLDING COMPANY, 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:

25430 NW 8TH LANE

SUITE 100

NEWBERRY, FL 32669

Mailing Address:

25430 NW 8TH LANE

SUITE 100

NEWBERRY, FL 32669

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:

SOUTHEAST ACCOUNTING & TAX SERVICES, INC.

Name

713 E. ATLANTIC BLVD

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

POMPANO BEACH

FLORIDA

33060

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.

Christine J. Pendleton  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

DAVID P. BELLO LIVING TRUST

25430 NW 8TH LANE, SUITE 100

NEWBERRY, FLORIDA 32669

MGR

DAVID A. BELLO

25510 NW 68TH LANE

NEWBERRY, FLORIDA 32643-6411

(Use attachment if necessary)

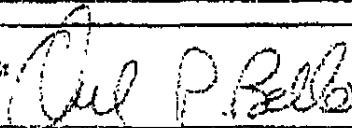
ARTICLE VI: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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 VII: 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.

DAVID P. BELLO

Typed or printed name of signer