## ULDO 15564

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	<del>•</del> #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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## COVER LETTER

10.	Division of Corporations				
SUBJE	BelShore Enterprises, LLC				
SOBJE		Limited Liabili	ty Company	<del></del>	
The end	closed Articles of Organization and fee(s)	are submitted	for filing.		
Please	return all correspondence concerning this	matter to the fo	ollowing:		
	Marsha Segree				
	Name of Person				
		Firm/Co	mpany		
	1293 N University Drive, #164				
		Addre	ess		
	Coral Springs, FL 33071				
	marsha.segree@gmail.com	City/State and	d Zip Code		
	E-mail address: (to be us	ed for future a	nnual report notification	)	
For furth	er information concerning this matter, ple	ase call:			
	Marsha Segree	954	624-2274		
	Name of Person		Daytime Telephone N	lumber	
Enclose	ed is a check for the following amount:				
S125.0	0 Filing Fee \$\times Certificate of Status	LCertific	0 Filing Fee & ed Copy al 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 Corporation Clifton Building 2661 Executive Center (		

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
BelShore Enterprises, LLC.	
(Must end with the words "Limited Liab	ility 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:	Mailing Address:
1293 N University Drive, #164	1293 N University Drive, #164
Coral Springs, FL 33071	Coral Springs, FL 33071
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regianother business entity with an active Florida registration.)	
The name and the Florida street address of the registered ager	at are:
Marsha Segree	
Nar	ne

8859 N Isles Circle
Florida street address (P.O. Box NOT acceptable)

Tamarac FL 3332
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)

Page 1 of 2

16 AUG 15 AM 7: 1-

	Title: "AMBR" = Authorize "MGR" = Manager	ed Member	Name and Address:		
AMBR			Jason Segree		
	AMDR	····	1293 N University Drive, #164		
		Coral Springs, FL 33071			
	AMBR	_	Marsha Segree		
			1293 N University Drive, #164		
			Coral Springs, FL 33071		
		_			
		_			
	(Use attachment if nee	cessary)			
ARTIC	LEV: Effective date, if	other than the date of filin	ng: (OPTIONAL)		
(If an e	ffective date is listed, the of filing.)	ne date must be specific a	and cannot be more than five business days prior to or 90 days after		
		is block does not meet the	e applicable statutory filing requirements, this date will not be listed		
		on the Department of State			
ARTIC	LE VI: Other provision				
	REQUIRED SIGNA	TURE:	W		
		/1	or an authorized representative of a member.		
	This		accordance with section 605.0203 (1) (b), Florida Statutes.		
	I am a	aware that any false inforn	nation submitted in a document to the Department of State		
	const	itutes a third degree felony	y as provided for in s.817.155, F.S.		

Marsha Segree

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)