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SECRETARY OF STATE ALLAHASSEE, FLORIDA

7 JAN 17 AM 8:

. COVER LETTER

istration Section ision of Corporations		
Belacari DESIGNS, LLC		
SUBJECT: DETACAN DESIGNS, CCC Name of Limited Liability Company		
d Articles of Organization and fee(s) are submitted for filing.		
all correspondence concerning this matter to the following:		
Cape Coral Tax &		
Accounting Services, LLC. 3306 Del Prado Blvd. South		
Cape Coral, FL 33904		
Address		
City/State and Zip Code		
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6:11 an tar @ Capetaxes. Com E-mail address: (to be used for future annual report notification)		
information concerning this matter, please call:		
Name of Person at (239) 540-7500 Area Code & Daytime Telephone Number		
Name of Person Area Code & Daytime Telephone Number		
is a check for the following amount:		
ling Fee \$\sum \$130.00 \text{ Filing Fee & }\sum \$155.00 \text{ Filing Fee & }\sum \$		
(additional copy is enclosed) Certified Copy		
(additional copy is enclosed)		
Mailing Address Street/Courier Address		
Registration Section Registration Section		
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building		
Tallahassee, FL 32314 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:

BELACARI DESIGNS, LLC. 1718 NE 21ST ST CAPE CORAL, FL 33909

ARTICLE II - Address:

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

BELACARI DESIGNS, LLC. 1718 NE 21ST ST CAPE CORAL, FL 33909

Principal Office Address: Mailing Address:

1718 NE 21ST ST CAPE CORAL, FL 33909

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

BILL ANTAR, CPA CAPE CORAL TAX & ACCOUNTING SERVICES, LLC 3306 DEL PRADO BLVD. S. CAPE CORAL, FL 33904

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.

17 JAN 17 AH 8: 22 SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

NICOLE CUCUZZA (Managing Member) 1718 NE 21ST ST CAPE CORAL, FL 33909

JOSEPH CUCUZZA (Managing Member) 1718 NE 21ST ST CAPE CORAL, FL 33909

ARTICLE V: Effective date, if other than the date of filing:

This LLC shall have perpetual existence, commencing upon the date of filing of these articles with the Florida Department of State.

REQUIRED SIGNATURE:

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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Toseph Cccu22A x 1-10-17
Typed or printed name of signee