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(Red	questor's Name)	
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COVER LETTER

	lling Section n of Corporations
SUBJECT:	Bellwood Drive, LLC
	Name of Limited Liability Company
The enclosed Ar	ticles of Organization and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
\leq	I nuw C miravite
-	Name of Person
	Shawn C minited Firm/Company
	Firm/Company
2	3701 Bellwood Drive
	Address
/	City/State and Zip Code Shasea IVD 49 how. com
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
Shawni	Name of Person Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:
\$125.00 Filing F	Status St
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	RT	ICL	F. I	- Na	me:

The name of the Limited Liability Company is:

Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	•
3004 Bellinal Dane	3704 Belluxia	Drup
rulianessee F1	Tellaristee F	
39303	<u> </u>	

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:

Show C minowith

B) Gelwod One
Florida street address (P.O. Box NOT acceptable)

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 pravided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
·	
AMBR	Shown Commonto
000	Fillstone F1 32303
MOR	Shown C minume
	Tueranessee EL373
(Use attachment if necessary)	
CLE V: Effective date, if other than the date of f	filing: 8/21/17 (OPTIONAL)
effective date is listed, the date must be specifi	filing: $8/3/1/$ (OPT!ONAL) ic and cannot be more than five business days prior to or 90 days af
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ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

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