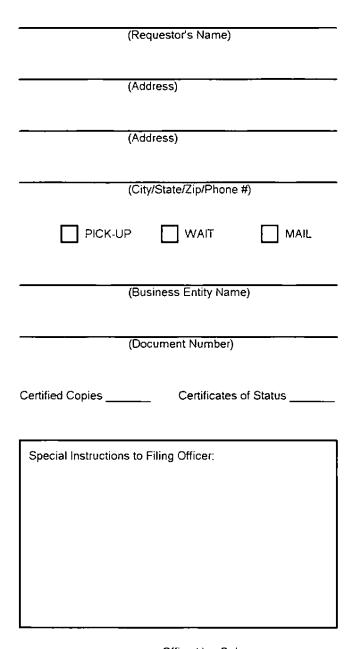
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COVER LETTER

	Filing Section ion of Corporations
SUBJECT: _	1100 BEL AIR PROPERTIES SOUTH, LLC.
	Name of Limited Liability Company
The enclosed A	Articles of Organization and fee(s) are submitted for filing.
Please return a	Il correspondence concerning this matter to the following:
	DEENA FONDACHK.
_	Name of Person
	1100 BEL AIR PROPERTIES SOUTH, LL
	2075 NW DIFFMUND CREEK WAY
_	JENSEM BEACH, FL. 34957 City/State and Zip Code
	STEVE FONDACARO @ COMERCT, HET
	E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
STEVE	n fonotether at (772) 678-2701
	Name of Person Area Code Daytime Telephone Number
Enclosed is a c	heck for the following amount:
\$125.00 Filing	Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

- ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability (Company is:						
	• •						
1100	BEL AIR The words "Limited	PROPERT	1ES 50	ou TH ,	LLC		
(Must contain	the words "Limited	Liability Compa	ıy, "L.L.C.," or	"LLC.")			
ARTICLE H - Address: The mailing address and street add	ress of the principal o	office of the Limi	ted Liability Co	mpany is:			
Principal	Office Address:		<u>N</u>	1ailing Addr	<u>ess</u> :		
2079 NW D	iHMOND CRE L BCH FL 34457	EAC WAY _	21	tenson	DIHMUND BCH F2	cheek	WA
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an act The name and the Florida street ad	annot serve as its own ive Florida registratio	Registered Agei on.)	nt. You must de	signate an ind			
	1	DEMA É	N DIAC AN	7.			
		Name	, the contract of the contract	<u></u>			
	2075 Florida street addres	NW DI	HULUMD	CRIEK	WHY		
	Florida street addres	ss (P.O. Box <u>NO</u>	[acceptable)		,		
	TENSEM	BEACH State	FLA	3447	77		
•	City	State	Zip)	,		
laving been named as registered ago place designated in this certificate. I i urther agree to comply with the prov um familiar with and accept the oblig	herehy accept the app visions of all statutes re gations of my position	cointment as regis elating to the pro as registered age	tered agent and per and comple int as provided f he he Co	l agree to act i te performand for in Chapter	n this capacity. T e of my duties, and		
urther agree to comply with the prov	visions of all statutes regations of my position	elating to the pro as registered age	per and comple int as provided) My Q Co	te performand for in Chapter	e of my duties, and	'1	

(CONTINUED)

ZBIBNOV 27 AM 9: 48
TALL MINSSEE HOUSE

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	DEENA FORDAZARO 2075 MW DIMMOND CREEK
Wbn.	DEFINAL FOND AZMEN BOTT MW DIAMOND CREAC TENSEN BETTELL FLA =
(Use attachment if necessary)	1 - 1 - 1
LEV: Effective date, if other than the date of fective date is listed, the date must be spect of filing.)	cific and cannot be more than five business days prior to or 90 days after
If the date inserted in this block does not me	eet the applicable statutory filing requirements, this date will not be listed as of State's records.
If the date inserted in this block does not mount is effective date on the Department of	
If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any. REOUIRED SIGNATURE:	f State's records.
If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE:	lara Impacon
If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mer This document is executed 1 am aware that any false	f State's records.

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)

ARTICLE IV-