

L18000 275124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

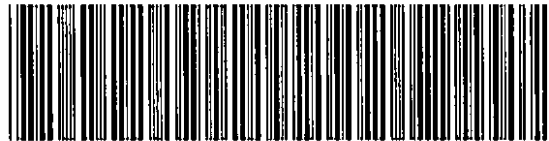
(Business Entity Name)

(Document Number)

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18 NOV 27 PM 2:03



THE LAW OFFICES OF
HOYT & BRYAN, LLC
FAMILY WEALTH & LEGACY COUNSELLORS

MARGARET "PEGGY" R. HOYT, J.D., M.B.A., B.C.S. ‡
RANDY C. BRYAN, J.D., B.C.S. ‡
SARAH S. AUMILLER, J.D.
MICHELLE A. ADAMS, J.D.

‡ BOARD CERTIFIED IN WILLS, TRUSTS & ESTATES
‡ BOARD CERTIFIED IN ELDER LAW
*CERTIFIED LEGACY ADVISOR™

November 21, 2018

VIA US MAIL

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Creation of Limited Liability Company-NINI BELLE, LLC.

Dear Sir or Madam:

Enclosed please find the Articles of Organization and Designation of Registered Agent for the above-referenced Limited Liability Company. Please file at your earliest convenience. Also enclosed is our firm's check # 5702 in the amount of \$130.00 for the following:

- Filing fees for the Articles of Organization and for the Designation of Registered Agent (\$125.00); and
- Certificate of Status (\$5.00).

Please contact us if you have any questions. Thank you for your assistance.

Sincerely,

Julie McLean
Paralegal and Funding Coordinator

PH/jm
Enclosures: as stated
CC: client file

10/24/27 PM 2:03

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Nini Belle, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Catherine A. Ciullo

Name of Person

Firm/Company

16006 Johns Lake Overlook Drive

Address

Winter Garden, FL 34787

City/State and Zip Code

cathy@ccmarketinginmotion.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margaret "Peggy" Hoyt

407

977-8080

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &
Certified Copy
(additional 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 Corporations
Clifton Building
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:

Nini Belle, LLC

(Must contain 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:

16006 Johns Lake Overlook Drive
Winter Garden, FL 34787

Mailing Address:

Same

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:

Catherine A. Ciullo

Name

16006 Johns Lake Overlook Drive

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

<u>Winter Garden</u>	<u>FL</u>	<u>34787</u>
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..

Catherine A. Ciullo

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:

Catherine A. Ciullo

16006 Johns Lake Overlook Drive

Winter Garden, FL 34787

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 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 VI: Other provisions, if any.

REQUIRED SIGNATURE:

Catherine A. Ciullo

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.

CATHERINE A. CIVILLO

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)