

L19000239894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

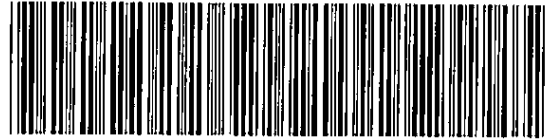
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/04/19--01021--007 **130.00

2019 OCT -4 PM 12:53
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OCT 04 2019

FILED
2019 OCT -4 PM 1:00
C RICO

COVER LETTER

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

SOUTHERN BELLE PROPERTY MANAGEMENT LLC

SUBJECT: _____
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:

ANGELA BRAGG

Name of Person

SOUTHERN BELLE PROPERTY MANAGEMENT LLC

Firm/Company

29157 CHAPEL PARK DR. STE A

Address

WESLEY CHAPEL, FL 33543

City/State and Zip Code

Angela@apiprocessing.com

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

For further information concerning this matter, please call:

Angela Bragg 954 233-0222

Name of Person at (_____) _____
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

Street Address

New Filing Section
Division of Corporations
Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUTHERN BELLE PROPERTY MANAGEMENT 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:

29157 CHAPEL PARK DR. STE A
WESLEY CHAPEL, FL 33543

Mailing Address:

29157 CHAPEL PARK DR. STE A
WESLEY CHAPEL, FL 33543

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:

Angela D. Bragg

Name

29157 Chapel Park Drive, STE A

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

Wesley Chapel FL 33543

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)

- Assistant Secretary

(CONTINUED)

FILED
2020 OCT -4 PM 1:00
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

Angela Bragg

29157 Chapel Park Drive, Ste A

Wesley Chapel, FL 33543

National Licensing Consultants, LLC

29157 Chapel Park Drive, Ste A

Wesley Chapel, FL 33543

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

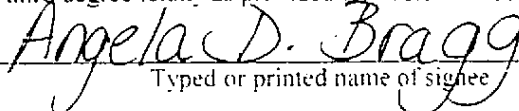
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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:



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.


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)

FILED
2019 OCT -4 PM 1
610 CHASSER CT
TALLAHASSEE FL 32310