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Email Address:___

FLORIDA LIMITED LIABILITY CO. BELLEVIE ACQUISITIONS, LLC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	BELLEVIE ACQUIS	
(Must con	tain the words "Limited Liabilit	y 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:
Princip	pal Office Address:	Mailing Address:
2120 CORPORATE	E SQUARE BLVD STE 1	2120 CORPORATE SQUARE BLVD
JACKSONVILLE.	FI. 32216	STE I
		JACKSONVILLE, FL 32216
(The Limited Liability Companianother business entity with an		ered Agent. You must designate an individual or
(The Limited Liability Companianother business entity with an	y cannot serve as its own Regist active Florida registration.) t address of the registered agent	ered Agent. You must designate an individual or
(The Limited Liability Companianother business entity with an	y cannot serve as its own Regist active Florida registration.) t address of the registered agent	ered Agent. You must designate an individual or are:
(The Limited Liability Companianother business entity with an	y cannot serve as its own Regist active Florida registration.) taddress of the registered agent THE BIZNES	ered Agent. You must designate an individual or are: S GROUP INC
(The Limited Liability Companianother business entity with an	y cannot serve as its own Regist active Florida registration.) t address of the registered agent THE BIZNES Nam	ered Agent. You must designate an individual or are: S GROUP INC e RE BLVD STE 1

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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 phligations of my position as registered agent as provided for in Chapter 605, E.S.

State

City

Dwan Ashong
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	EL HADI SALL
	EL HADI SALL 2120 CORPORATE SQUARE BLVD STE 1
	JACKSONVILLE, FL 32216
(Use attachment if necessary)	
TCLE V: Effective date, if other than the dueffective date is listed, the date must be late of filing.) E: If the date inserted in this block does not be does not be decument's effective date on the Department.	or meet the applicable statutory filing requirements, this date will not be list
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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)