Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Account Name : TAX CARE CELEBRATION		ها
	Account Number : I20190000007		~
	Phone : (786)845-8854 Fax Number : (321)473-3052		
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Electronic Filing Menu

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Corporate Filing Menu

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COVER LETTER

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		OPERTY INVESTMENTS	S LLC		
SUBJEC	T:	Name of Lim	ited Liabil	ity Company	
The enck	osed Articles of	Organization and fee(s) are	submitted	l for filing.	
Please ret	tum all correspo	ondence concerning this mat	iter to the	following:	
	JESSICA TO	DRRES			
			Name of	Person	
	TAX CARE	CELEBRATION			
			Firm/Co	отраку	
	1400 NW 10	7TH AVE STE 203			
			Add	rcss	
	SWEETWA	TER, FL 33172			
			ty/State ar	nd Zip Code	
	<u></u>	etaxcareinc.com			
	1	E-mail address: (to be used	ior minre	annuai report notilicati	on)
For further	r information co	ncerning this matter, please	call:		
	JESSICA TO	PRRES 78	-	845-8854	
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Euclosed	is a check for t	he following amount:			
≣\$12 5.6	00 Filing Fee	S130.00 Filing Fee & Certificate of Status	Certif	55.00 Filing Fee & ied Copy sal copy is enclosed)	S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ig Address iling Section on of Corporations lax 6327 assec, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	ussee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability (Company is:			
BELLO PROPERTY II (Must contain			pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	ress of the principal o	office of the L	inuted Liability Company is:	
Principal	Office Address:		Mailing Address:	
5449 S SEMORAN BL	VD. STE 234	- 	5449 S SEMORAN BLVD. STE 234	
ORLANDO FL 32822			ORLANDO FL 32822	
The name and the Florida street add	lress of the registered		DINO	
	5449 S SEMORAN	BLVD STE 2	34	
	Fiorida street addres	s (P.O. Box 🕽	OT acceptable)	
<u>.</u>	ORLANDO	FL	32822	
	City	State	Zip	
olace designated in this certificate, 1) further agree to comply with the prov	ncreby accept the app isions of all statutes r ations of my position	ointment as re elating to the as registered	for the above stated limited liability company gistered agent and agree to act in this capac proper and complete performance of my dutic agent as provided for in Chapter 605, F.S.	ity. I
	<u>tata</u>	cred Agent's	V(() Signature (REQUIRED)	

(CONTINUED)

20 OCT -6 PM 5: 37

ARTICLE IV-

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

AGR" = Manager MGR TATIANA LISSETE BELLO GUDINO 5449 S SEMORAN BLVD STE 234 ORLANDO FL 32822 ORLANDO FL 32822 (OPTIONAL) ive date is listed, the date must be specific and caonof be more than five business days prior to or 9 liling.) ive date is listed, the date must be specific and caonof be more than five business days prior to or 9 liling.) 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. TATIANA LISSETE BELLO GUDINO 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)	AMBR" = Authorized Member	Name and Address:
ise attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) ive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) e date inserted in this block does not meet the applicable statutory filing requirements, this date will non's effective date on the Department of State's records. VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Filorida Stantes. 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. TATIANA LISSETE BELLO GUDINO Typed or printed name of signee Filing Fees: 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		
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