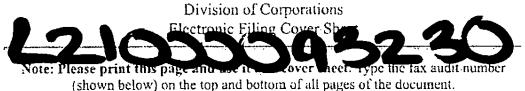
# Florida Department of State



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

\*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## FLORIDA LIMITED LIABILITY CO. **BELDI LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

### ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

BELDI LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Priv	cin	٠ŧ	Office	3 6	dence	,

Mailing Address:

781 CRANDON BOULEVARD OCEAN CLUB TOWER 3 APT 901 781 CRANDON BOULEVARD
OCEAN CLUB TOWER 3 APT 901
KEY BISCAYNE, FL 33149

## 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:

KEY BISCAYNE, FL 33149

EXPRESS CORPORATE FILING SERVICE, INC.

Name

12905 SW 42nd STREET STE 210

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

MIAMI FL 33175

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)

(CONTINUED)

2021 MAR -4 PM 2: 24

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Title: "AMBR" = Authorized Me "MGR" = Manager		l Address:
MGR	781 CRANDON	E ROMERO BELISMIZLIS I BLVD OCEAN CLUB TOWER 3 APT 901 IE, FL 33149
٠		
(Use attachment if necessa	rrvì	
•	••	(OPTIONAL)
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If the date inserted in this blument's effective date on the LEVI: Other provisions, if a	o Department of State's records.	

Filing Fees:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statuts. I am aware that any false information submitted in a document to the Department of State

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

LUIS ENRIQUE ROMERO HELISMELIS

Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)