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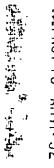
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COVER LETTER

Margaret M. Lloyd at (***		
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: Margaret Marie Lloyd Name of Person BelewMagnolia, LLC Firm/Company 16517 Outwood Lane Address Spring Hill, Florida 34610 City/State and Zip Code mhagin3@tampabay.rr.com B-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Margaret M. Lloyd Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □\$125.00 Filing Fee Certificate of Status Certificate of Status & Certificate of Status & Certificate of Status & Certificate Opy [additional copy is enclosed]					
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New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liabil	ity Company is:				
BelewMagnolia, LL	C.				
(Must cor	ntain the words "Limited I	Jability Compa	ıy. "L.L.C" or "LLC.")	_	
ARTICLE II - Address:					
The mailing address and street:	address of the principal of	ffice of the Limi	ted Liability Company is:		
<u>Princi</u>	pal Office Address:		Mailing Addre	<u>ss</u> :	
16517 Outwood Lar	າຕ	1	5517 Outwood Lane		
Spring Hill, Florida			oring Hill, Florida 34610		
					
(The Limited Liability Compan another business entity with an The name and the Florida street	active Florida registration	agent are:	at. You must designate an indi	vidual or	
	17517 (2000) 1 1 1 1 1				
	16517 Outwood Lane Florida street address (P.O. Box NOT acceptable)				
Spring Hill, Florida 34610					
	City	State	Zip		
laving been named as registered place designated in this certificate in ther agree to comply with the p on familiar with and accept the of	t. I hereby accept the appo rovisions of all statutes rel bligations of my position a \time CUGULE	intment as regiss lating to the proj s registered ages IMAZLE	ered agent and agree to act in per and complete performance at as provided for in Chapter 6	this capacity. I of my duties, and I	

(CONTINUED)

BONDY 10 AMII: 32

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Margaret Marie Lloyd 16517 Outwood Lane "MGR" Spring Hill, Florida 34610 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: January 17, 2022 (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date of filing.) 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.

ACGORT Mary Loyal
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)

S 5.00 Certificate of Status (Optional)

. . .

Scott, Tyrone K.

From: Margie Hagin <mhagin3@tampabay.rr.com>
Sent: Thursday, November 18, 2021 11:52 AM

To:Scott, Tyrone K.Subject:Business Name

EMAIL RECEIVED FROM EXTERNAL SOURCE

To whom it may concern,

My business name is all one word: BelewMagnolia, LLC. Thank you

Margaret Lloyd

Sent from my Smartphone 😊