

L21000501414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

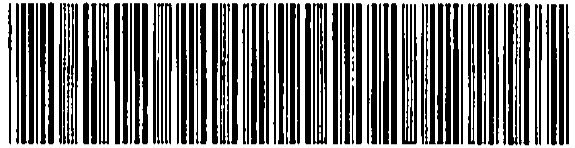
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2021 NOV 18 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. BURCH  
11/19/2021



27499 RIVERVIEW CENTER BLVD., SUITE 245, BONITA SPRINGS, FLORIDA 34134 • (239) 222-2222

15 November 2021

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern,

Enclosed please find the following documents:

- Eight LLC New Filings
- Payment
- Trust
- Certificate of Trust

Please find the eight LLC filings for Walter Podgurski. Please process the LLC filings for our mutual client. Once they have been processed, please send the LLC certificates as a confirmation.

If you have any questions or concerns, feel free to contact me at 239-222-2222.

Very Truly Yours,

The Mattar Firm, P.C.

Claudia V. De Jesus, Esq.

Managing Partner

27499 Riverview Center Blvd., Suite 245

Bonita Springs, FL 34134

239-222-2222

## COVER LETTER

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

**SUBJECT:** BELLA VISTA 307, LLC.  
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:

Name of Person  
The Mattar Firm  
Firm/Company  
27499 Riverview Center Blvd. Suite 245  
Address  
Bonita Springs, FL 34134  
City/State and Zip Code  
info@themattarfirm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

239 222-2222  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**Mailing Address**  
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 Liability Company is:

BELLA VISTA 307, 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:

10801 Crooked River Rd. #201  
Estero, Florida 34135

Mailing Address:

10801 Crooked River Rd. #201  
Estero, Florida 34135

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:

Walter Podgurski

Name

10801 Crooked River Rd. #201

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

Estero

FL

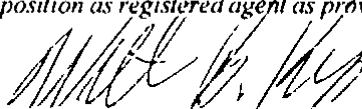
34135

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)

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TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR/MGR

**Name and Address:**

Walter B. Podgurski and Betsy L. Podgurski, Trustees  
of the Podgurski Family Trust dated November 12, 2021.  
10801 Crooked River Rd. #201  
Estero, Florida 34135

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

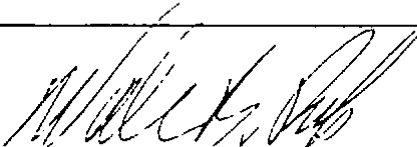
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

Walter B. Podgurski, Trustee

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)**