

L22000122010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

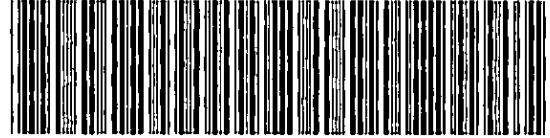
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name:

Company Name: BELLA SAONA, LLC

Address: 10,000 PALMA LINDA WAY
APT 317, BUILDING 2

City, State, Zip Code: ORLANDO, FL 32836

Email Address: vlakaneo@gmail.com

For further information concerning this matter, please call:

Name: BELLA SAONA

Telephone No: 917-482-5427

A check for the following amount: \$125.00 IS ENCLOSED

Mailing Address: Registration Section
Division of Corporations
P O Box 6327
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME: BELLA SAONA, LLC

ARTICLE II- ADDRESS: 10,000 PALMA LINDA WAY
APT 317, BUILDING 2
ORLANDO, FL 32836

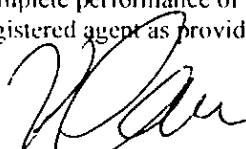
ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

Name: VICTOR LAU

Address: 10,000 PALMA LINDA WAY
APT 317, BUILDING 2
ORLANDO, FL 32836

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 608 F.S.

Signature:



ARTICLE IV - Manager(s)MGR or Managing Member(s)MGRM:

Title:
MGR

Name & Address:
BELLA SAONA
10,000 PALMA LINDA WAY
APT 317, BUILDING 2
ORLANDO, FL 32836

ARTICLE V: Effective Date, if other than the date of filing: MARCH 1, 2022

REQUIRED SIGNATURE:



In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee: BELLA SAONA

Filing Fees:
\$125.00 Filing Fee

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TALLAHASSEE, FLORIDA