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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #))
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	

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STALLAHASSELFE



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 570043 7103152 AUTHORIZATION : COST LIMIT : ORDER DATE: March 24, 2022 ORDER TIME : 9:20 AM ORDER NO. : 570043-005 CUSTOMER NO: 7103152 DOMESTIC FILING NAME: R BELLA REAL ESTATE, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX____ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX____ PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS:

COVER LETTER

	New Filing Se Division of Co				
SUBJEC		eal Estate, LLC			
SUBJEC		N	ame of Limited	Liability Company	
The enclo	sed Articles o	f Organization an	d fee(s) are sub	mitted for filing.	
Please ret	urn all corresp	ondence concern	ing this matter I	to the following:	
	Michael D.	Gentz le			
			Na	ame of Person	
	Coleman, Y	ovanovich & Ko	ester, P.A.		
			Fi	гп/Company	
	4001 Tamia	ımi Trail North, S	uite 300		
				Address	
	Naples, FL	34103			
	RBellaventus	rcs@outlook.com		ate and Zip Code	
				sture annual report notifica	ation)
For further	information co	oncerning this mat	ter, please call:		
	Michael Ger	uzle	239 at (435-3535	
	Nan	ne of Person	Area C		ne Number
Enclosed i	is a check for t	the following amo	unt:		
	0 Filing Fee	□\$130.00 Fili Certificate of	ng Fee & Status (□\$155.00 Filing Fee & Certified Copy ditional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ng Address Filing Section on of Corporation Box 6327 Jassec, FL 32314	s	Street Address New Filing Section I The Centre of Tallal 2415 N. Monroe Str	nassee eet, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Name:	Companyie		2922 	AR 25 PM 3: 04
The name of the Limited Liability Company is:			9200	
				⇒û√î" EAπA⇒SEE, FL
/Must conta	in the words "Limited	Bella Real Estate, LL		GEARINGSEE, FL
(ividsi conta	in the words. Chine	и стаотиту Сотрану,	L.L.C., OF LLC.	ذ∨ د
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address	; :
c/o Cole Schotz		c/o	Cole Schotz	
2255 Glades Road, St	rite 300E	225	2255 Glades Road, Suite 300E	
Boca Raton, FL 334.	31	Вос	a Raton, FL 33431	
	Michael Gentzle	Name		
	4001 Tamiami Trai			
	Florida street addre	ess (P.O. Box <u>NOT</u> a	cceptable)	
	Naples	FL	34103	
	City	State	Zip	
Having been named as registered ay place designated in this certificate, i further agree to comply with the pro am familiar with and accept the obli	hereby accept the appointment of all statutes igations of my position	pointment as register relating to the proper	ed agent and agree to act in the und complete performance of as provided for in Chapter 60.	his capacity. I f my duties, and I

(CONTINUED)

	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Gerard Reda
WOIC	c/o Cole Schotz, 2255 Glades Road, Suite 300E
	Boca Raton, FL 33431
	Summan Parks
MGR	Suzanne Keda 27 S
	c/o Cole Schotz, 2255 Glades Road, Suite 300E Boca Raton, FL 33431
	Boca Raton, FL 33431
•	25 P
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e of filing.)	t be specific and cannot be more than five business days prior to or 90 days afte es not meet the applicable statutory filing requirements, this date will not be listed rtment of State's records.
•	
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•	
•	
LE VI: Other provisions, if any. REQUIRED SIGNATURE:	of a member or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of This document is I am aware that a	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. my false information submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of This document is I am aware that a	executed in accordance with section 605.0203 (1) (b), Florida Statutes, ny false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.
REQUIRED SIGNATURE: Signature of This document is I am aware that a	executed in accordance with section 605.0203 (1) (b), Florida Statutes. ny false information submitted in a document to the Department of State

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)

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

ARTICLE IV-