

L22000233685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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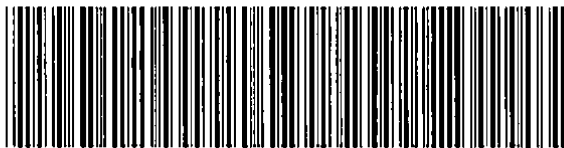
(Business Entity Name)

(Document Number)

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2022 MAY 27 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2022 MAY 27 PM 3:43

CLERK OF SUPERIOR COURT  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 7127997 4331207

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : May 27, 2022

ORDER TIME : 2:38 PM

ORDER NO. : 712799-005

CUSTOMER NO: 4331207

DOMESTIC FILING

NAME: BELLO DISTRIBUTOR LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT:** Bello Distributor 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:

Kelly E. Guerin, Esq.

\_\_\_\_\_  
Name of Person

Kavinoky Cook LLP

\_\_\_\_\_  
Firm/Company

726 Exchange Street, Suite 800

\_\_\_\_\_  
Address

Buffalo, New York 14210

\_\_\_\_\_  
City/State and Zip Code

BelloDistributor@protonmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly E. Guerin, Esq.      716      845-6000  
\_\_\_\_\_  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input 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

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## ARTICLE I - Name:

The name of the Limited Liability Company is:

Bello Distributor LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FL

## ARTICLE II - Address:

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

Principal Office Address:Mailing Address:568 South Atlantic Avenue, Unit 3Coco Beach, Florida 329314000 NW 51st Street, F104Gainesville, Florida 32606

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Corporation Service Company

Name

1201 Hays StreetFlorida street address (P.O. Box **NOT** acceptable)TallahasseeFL32301

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..*

Corporation Service Company

By Alexis W. [Signature], assistant vice president

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Carmen Bellocchio  
568 South Atlantic Avenue, Unit 3  
Coco Beach, Florida 32931

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

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TALLAHASSEE, FL

FILED

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

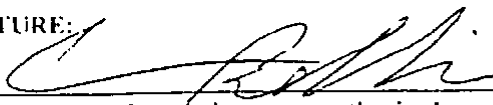
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

The limited liability company is to be manager-managed for purposes of section 605.0407, Florida Statutes, and other relevant provisions of the Florida Revised Limited Liability Company Act.

**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.

Carmen Bellocchio, Member and Manager

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)