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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

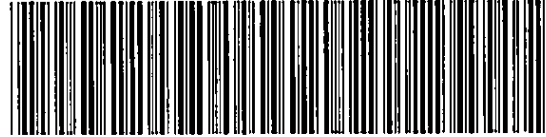
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2022 JUL 26 AM 4:40
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
FRANCHISING
FAC/VIDEO



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 JUL 26 AM 11:33

July 12, 2022

CAROLYN LEANE
305 ROARKS TRAIL
WARMINSTER, PA 18974

SUBJECT: BELLE COSE BOCA LLC
Ref. Number: W22000050703

We have received your document for BELLE COSE BOCA LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Owner s not a title.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 222A00008889

TO: New Filing Section
Division of Corporations

SUBJECT: Belle Case Boca 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:

Carolyn Leone
Name of Person

Belle Case Boutique
Firm/Company

305 Rocks TRAIL
Address

Warminster, PA 18974
City/State and Zip Code

CarolynLeone@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolyn Leone at 215 435-2794
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Belle Cose Boca 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:

304 ESPLANADE Unit 516
BOCA RATON, FLORIDA
33432

Mailing Address:

304 ESPLANADE Unit 516
BOCA RATON, FLORIDA
33432

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:

Sienna Leone

Name

14170 Pacific Place Apt 308

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

DELRAY BEACH, FLORIDA 33484

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.

Sienna Leone

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Carolyn Leone

305 MARKS TRAIL

WILMUNSTER, PA 18974

(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:

Carolyn Leone

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.

Carolyn Leone

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)