## 100 C 102

Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000058476 3)))



HZ30000584763ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please."\*

tmall	Address:			

#### FLORIDA LIMITED LIABILITY CO. BELA SUNO, LLC

Certificate of Status	1	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$130.00	

 $\widetilde{\mathfrak{S}}$ 

Electronic Filing Menu

Corporate Filing Menu

Help 🗀

2/14/23, 11:39 AM

CamScanner 02-12-2023 23.03\_2 (1).jpg

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LLC," or "LLC.")

Bela Suno, LLC

#### **ARTICLE II - Address:**

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

7072 NW 103 rd Path

Doral, FL 33178

#### ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (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.)

Solsire Hurtado

7072 NW 103rd Path

Doral, FL 33178

#### ARTICLE IV-

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

Solsire Hurtado AMBR

Page 1 of 2

2/14/23, 11:40 AM

CamScanner 02-12-2023 23.03\_1 (1).jpg

### Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics 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

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 695; F.S..

Registered Agent's Signature (REQUIRED)