

# L23000439 302

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 a pages of the document.

((H23000327829 3))



H230003278293ABC3

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 : DUNWODY WHITE & LANDON, P.A./ PALM BEACH  
Account Number : 120020000176  
Phone : (239)263-5885  
Fax Number : (239)262-1442

FILED  
2023 SEP 21 PM 1:20  
PALM BEACH  
FALL AMASSSEE

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

Email Address: fadams@dwl-law.com

FLORIDA LIMITED LIABILITY CO.  
302 Bellwood Dr LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

9-21-27

ARTICLES OF ORGANIZATION  
OF  
302 BELLWOOD DR LLC

**FIRST:** The name of the Limited Liability Company is 302 BELLWOOD DR LLC.

**SECOND:** The mailing address and street address of the principal office of the Limited Liability Company is 25025 SW 202 Ave., Homestead, FL 33031.

**THIRD:** The name and street address of the Registered Agent are as follows:

Frank T. Adams, Esq.  
Dunwoody White & Landon, P.A.  
550 Biltmore Way, Suite 810  
Coral Gables, FL 33134

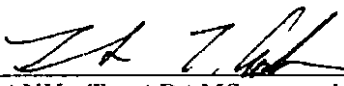
*Having been named as registered agent and to accept service of process for this Limited Liability Company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes 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.*

  
FRANK T. ADAMS

**FOURTH:** The Limited Liability Company is to be managed by a Manager and the name and address of the Manager are as follows:

Scott R. Torcise  
25025 SW 202 Ave  
Homestead, FL 33031

*In accordance with §605.0203(1)(b), F.S., the execution of this document constitutes an affirmation under 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 §817.155, F.S.*

  
FRANK T. ADAMS, as the authorized  
representative of SCOTT R. TORCISE, the  
Member

Date: September 18, 2023,

FILED  
2023 SEP 21 PM 1:20  
TALLAHASSEE, FL 32301