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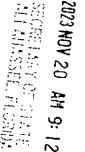
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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	J BELLORIN' LLC.	
зоруе.		ted Liability Company
The enc	closed Articles of Organization and fee(s) are	submitted for filing.
Please re	return all correspondence concerning this mat	ter to the following:
	JOSE BELLORIN	
		Name of Person
	J BELLORIN LLC.	
		Firm/Company
	1187 HONEY BLOSSOM DRIVE	
		Address
	ORLANDO, FL 32824	
	Cit BELLORINJOSEMANUEL@GMAIL.C	y/State and Zip Code OM
	E-mail address: (to be used f	or future annual report notification)
For furthe	er information concerning this matter, please	call:
	JOSE BELLORIN 561	403-8431
		a Code Daytime Telephone Number
Enclosed	d is a check for the following amount:	
\$125.00	O Filing Fee \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) S160.00 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 of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE I - Name: The name of the Limited Liability Compa	iny is:		
J BELLORIN LLC.			
(Must end with the	words "Limited	Liability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal o	ffice of the Limited Li	ability Company is:
Principal Office	Address:		Mailing Address:
1187 HONEY BLOSSOM DI	RIVE		ONEY BLOSSOM DRIVE
ORLANDO, FL 32824		ORLA:	NDO. FL 32824
	BELLORIN HONEY BLOS	Name	
Floric	la street address	(P.O. Box NOT acce	ptable)
ORLA	NDO	FLORIDA	32824
	City	State	Zip
Having been named as registered agent and place designated in this certificate. I hereby further agree to comply with the provisions am familiar with and accept the obligations	accept the appo of all statutes re of my position o	intment as registered of lating to the proper an	agent and agree to act in this capacity. I demplete performance of my duties, and provided for in Chapter 605, F.S

(CONTINUED)

Page 1 of 2

$\frac{\text{Title:}}{\text{"AMRP"}} = A$	uthorized Member	Name and Address:
"MGR" = Ma		
	Manger	JOSE BELLORIN
<u></u> :	13.13	1187 HONEY BLOSSOM DRIVE
		ORLANDO, FL 32824
-		
		
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e of filing.) If the date insert cument's effective	isted, the date must be speci- ted in this block does not meet be date on the Department of povisions, if any.	fic and cannot be more than five business days prior to or 90 days of the applicable statutory filing requirements, this date will not be list State's records.
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ARTICLE IV-

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