

CORRECTED - PLEASE HONOR 3/07 FILE DATE

L24000114436Florida 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.

(((H24000090867 3)))



H240000908673ABCJ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
21314 BELLECHASSE LLC

****please honor 3/07
as file date**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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as file date**

Leslie Sellers 8004323622
850-617-6381

(03/07) 03/11/2024 12:10:23 PM

3/8/2024 12:36:21 PM PAGE 1/001 Fax Server



March 8, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: 21314 BELLECHASSE LLC
REF: W24000038453

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

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.

Takayla T Matthews
Regulatory Specialist II
New Filings Section

FAX Aud. #: H24000090867
Letter Number: 424A00005125

Leslie Sellers

From: faxfinder@capitol-services.com
Sent: Thursday, March 07, 2024 3:10 PM
To: Leslie Sellers
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6381
Attachments: fax_outbound_850-617-6381_20240307_140959_00007835-0000.pdf

Create Time: 03/07/2024 01:56:59 PM

Schedule Time: 03/07/2024 02:09:59 PM

State: sent

Schedule Message: Successfully sent fax

Hangup code: 0

Try #: 2

Username: admin

Sender name: Leslie Sellers

Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.

Subject: H24000090867

Max tries: 5

Try interval: 600

Priority: 3

Pages: 5

Recipient fax: 850-617-6381

Recipient phone:

Recipient name:

Recipient org: FL SOS

Use cover page: true

Receipt: always

Print receipt: never

Print receipt printer:

Print receipt first page: false

Fax Page Size: auto

DocuSign Envelope ID: C0908FA8-4829-4F76-BAF1-4B97A8F5ADF0

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COVER LETTER

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

SUBJECT: 21314 Bellechasse, 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:

Brendan J. Greene

Name of Person

McGua, Lee & Greene, LLP

Firm/Company

213 Newbury Street, 2nd Floor

Address

Boston, MA 02116

City/State and Zip Code

greene@mlglawfirm.com

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

For further information concerning this matter, please call:

Brendan J. Greene at (617) 236-0212

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

21314 Bellechasse 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:21314 Bellechasse CourtBoca Raton, FL 33433Mailing Address:21314 Bellechasse CourtBoca Raton, FL 33433

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:

Simon Paynzilberg

Name

21314 Bellechasse CourtFlorida street address (P.O. Box **NOT** acceptable)Boca Raton, FL 33433

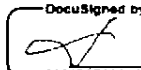
City

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.

DocuSigned by:



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Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE
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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:


<u>MGR</u>	<u>Simon Feynzilberg</u>
	<u>21314 Bellechasse Court</u>
	<u>Boca Raton, FL 33433</u>
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(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:**


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.

Brendan J. Greeve

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)

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