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# CORPORATE ACCESS, \_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### WALK IN

	PICK UI	P: BROOK 4/24
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	GS	
XX	FILING	LLC
1.	BELLEVIEW LENDING, (CORPORATE NAME AND DOCUM	LLC ENT #)
2.	(CORPORATE NAME AND DOCUM	ENΤ #)
3.	(CORPORATE NAME AND DOCUM	ENΤ #)
4.	(CORPORATE NAME AND DOCUM	ENΤ #)
5.	(CORPORATE NAME AND DOCUM	ΕΝΊ #)
6.		
SPECIAI	(CORPORATE NAME AND DOCUM L INSTRUCTIONS:	ENT #)

#### **COVER LETTER**

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TO:	New Filing Section Division of Corporations
SUBJEC	BELLEVIEW LENDING, LLC
SUBJEC	Name of Limited Liability Company
The enci	used Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Jon McGraw
	Name of Person
	McGraw Rauba Mutarelli PA
	Firm/Company
	35 SE 1st Avenue, Suite 102
	Address
	Ocala, Florida 34471
	City/State and Zip Code jon@lawmrm.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Jon McGraw 352 789-6520
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
	Of Filing Fee Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed)    S130.00 Filing Fee Status Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of Tallahassee

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability	Company is:			
DELL EVIEW LENDO	NC LLC			
BELLEVIEW LENDI (Must contai		ted Liability Compa	any, "L.L.C.," or "LLC.")	
		, ,		
ARTICLE II - Address: The mailing address and street add	tress of the princip	al office of the Lim	nited Liability Company is:	
the hanning address and street add	ness of the princip	ar office of the Emi	incu claumty company is.	
<u>Principal</u>	Office Address:		Mailing Address	;
35 SE 1st Avenue		·	35 SE 1st Avenue	
Suite 102			Suite 102	
Ocala, Florida 34471			Ocala, Florida 34471	
(The Limited Liability Company of another business entity with an active The name and the Florida street active the company of	tive Florida registideress of the regist  Jon McGraw  35 SE 1st Avenue	ration.) ered agent are:  Name c. Suite 102		
	Florida street ad	dress (P.O. Box <u>NO</u>	T acceptable)	
	Ocala	FL	34471	
	City	State	Zip	
Having been named as registered ag place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli	hereby accept the visions of all statut gations of my posit	appointment as regi es relating to the pro ion as registered ag	istered agent and agree to act in the oper and complete performance of each as provided for in Chapter 60 gnature (REQUIRED)	his capacity. I f my duties, and I

#### ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
MGR	Jon McGraw 35 SE 1st Avenue, Suite 102 Ocala, Florida 34471
<del></del>	
Use attachment if necessary)	
V: Effective date, if other than the da	te of filing: (OPTIONAL)
EV: Effective date, if other than the da ctive date is listed, the date must be so filing.)  the date inserted in this block does not	te of filing:
V: Effective date, if other than the date its listed, the date must be stilling.)  the date inserted in this block does not the date inserted at the Department's effective date on the Department.	specific and cannot be more than five business days prior to or 90 c meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the da ctive date is listed, the date must be s filing.)	specific and cannot be more than five business days prior to or 90 c meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the date citive date is listed, the date must be so filling.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man This document is exect a man aware that any fall	specific and cannot be more than five business days prior to or 90 c meet the applicable statutory filing requirements, this date will not be
CV: Effective date, if other than the date tive date is listed, the date must be so filing.)  The date inserted in this block does not bent's effective date on the Department of the Department	meet the applicable statutory filing requirements, this date will not least of State's records.  number or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State
V: Effective date, if other than the dative date is listed, the date must be stilling.)  the date inserted in this block does not ent's effective date on the Department's effective date on the Department's.  VI: Other provisions, if any.  Signature of a man This document is exect a man aware that any fall constitutes a third degram and the degram an	meet the applicable statutory filing requirements, this date will not be to of State's records.  Interpolation of State's records.  Interpolation accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State received as provided for in s.817.155, F.S.  In Authorized Agent/Attorney

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