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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:1	0/01/2024		
Name:	Patrice Rush		
Reference #:_	2509823		
Entity Name:_	BE	LL RE, LLC	
☐ Amendr ☐ Change ☐ Reinsta ☐ Convers	e of Agent tement	on to Transact Business	2024 OCT - 1 MM 9: 47
☐ Merger ☐ Dissolul	tion/Withdrawal		
☐ Fictitiou	s Name		
Other_			
Authorized Am	OM		



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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	10/01/2024	
Name:	Patrice Rush	_
Reference	e #: 2509823	_
Entity Nar	me:BEL	L RE, LLC
Art Am Ch Re Co	icles of Incorporation/Authorization nendment ange of Agent instatement nversion erger	20
☐ Fic	titious Name	
Oti	ner	
Authorize Signature	d Amount: \$125.00	

F: 800.944.6607

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BELL RE, LLC				
(Must c	ontain the words "Limited Lia	bility Company, '	L.L.C.," or "LLC.")	
RTICLE II - Address:				
e mailing address and stree	et address of the principal offic	ce of the Limited	Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
1150 Bell Avenue	e	2951	SE Dominica Terrace	
Fort Pierce, FL 3-	4982	Stuar	t, FL 34997	
ARTICLE III - Registered	Agent, Registered Office, &	Registered Agen	t's Signature:	
The Limited Liability Comp nother business entity with	any cannot serve as its own Re an active Florida registration.) eet address of the registered ag	egistered Agent. Y	t's Signature: ou must designate an individual o	or Zu
The Limited Liability Comp nother business entity with	any cannot serve as its own Re an active Florida registration.) eet address of the registered ag DONNA BLOOM 2951 SE Dominica Terr	egistered Agent. Y gent are: Name	ou must designate an individual o	
The Limited Liability Comp nother business entity with	any cannot serve as its own Re an active Florida registration.) eet address of the registered ag <u>DONNA BLOOM</u>	egistered Agent. Y gent are: Name	ou must designate an individual o	
The Limited Liability Comp nother business entity with	any cannot serve as its own Re an active Florida registration.) eet address of the registered ag DONNA BLOOM 2951 SE Dominica Terr	egistered Agent. Y gent are: Name	ou must designate an individual o	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Name and Address: "AMBR" = Authorized Member "MGR" = Manager Jesus Lara 2951 SE Dominica Terrace Stuart, FL 34997 Chad Taylor MGR 1150 Bell Avenue Fort Pierce, FL 3498: Steven Taylor MGR 1150 Bell Avenue Fort Pierce, FL 34982 (Use attachment if necessary) _ (OPTIONAL) · ARTICLE V: Effective date, if other than the date of filing: _ (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. JESUS LARA Typed or printed name of signee

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

Filing Fees:

\$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)