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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

from:

Account Name : C T CORPORATION SYSTEM

Account Number : PCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

ousiness entity to be used for furtile

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

Email	Address	

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SECRETARY OF STATE
ALLAHASSEE. FLORID.

Foreign Limited Liability Company BELLA PHIA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

J. BRYAN

DEC -2 2011

EXAMMER

COVER LETTER

TO:

Registration Section

Division of Corp	orations		
SUBJECT: Bella Phia		ne of Limited Liability Company	
	,		
		bility Company for Authorization to Transact a above referenced foreign limited liability o	
Please return all correspo	ndence concerning this	matter to the following:	
Nancy	J. Reich, CPA		
444		Name of Person	
Wolcot	& Associates, PA	Firm/Company	
		PirmConipany	1000年
	•	·	至 20 0 二
5525 N	W 15th Avenue, Suite 2	Address	
		Apdraga	<u> </u>
			P. STAT
Fort Le	iderdale, FL 33309	Ob /Distance Till Cont	
		City/State and Zip Code	器 5
nancum	Daviation-coa.net		7
		ss: (to be used for future annual report notif	ication)
For further information con	coming this matter, plac	ese call:	
Nancy J. Reich, C		et <u>(954) 763-9363</u>	
	Name of Person	Area Code & Daytime Telephone Nu	wper
MAILING ADDE	RESS:	STREET ADDRESS:	
Division of Corpor	rations	Division of Corporations	
Registration Section		Registration Section Clifton Building	•
P.O. Box 6327 Taliahassee, FL 3	2314	2881 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check fo	ur the following amo	dint.	
\$125.00 Filing		ng Fee & S155.00 Filing Fee &	\$160.00 Filing Fee, Certificate of Status & Certified Copy
		•	• • • •

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608-503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

-				
WI	name unavailable, enter alternate name adopted for the purposition consent of the managers or managing members adopting the mitted Liability Company," "L.L.C.," "LLC.").	s of transecti he atternate :	ng business in Florida and altach name. The alternate name must in	a copy of the clude
2.	Delaware	3		
	(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable	9)
4,	12/1/2011	5	Perpetual	
	(Date of Organization)		ation: Year limited liability compan or "perpetual")	y will cease to
6.		/2011		
	(Date first transacted business) (See sections 608,501 & 808,502	in Florida, if i F.S. to dete	prior to registration.) rmine penalty llability)	TALL
7.	1214 Playmoor Drive	·		
	Palm Harbor, FL 34683			ARY ASS
	(Street Address o	Principal O	ffice)	· 179 3
₿.	If limited liability company is a manager-managed compa	ny, chéck h	are [FLOR FLOR
9.	The name and usual business addresses of the managing	g members	or managers are as follows:	DA 5
	Vincent J. Monticcipio, 1214 Playmoor Drive, Palm Harbor, FL.	34683		
0.	Attached is an original certificate of existence, no more th	an 90 days	old, duly authenticated by the o	fficial having
	ody of records in the jurisdiction under the law of which it is			
eni	ficate is in a foreign language, a translation of the certifica	ite under oa	ith of the translator must be sub	imitted.) ,
1.	Nature of business or purposes to be conducted or promo	sted in Florid	ia: Rental and leasing of tengible	personal
ı	property.			·
	X			
	Signature of a member or an auth	حجم المحاضم	rocaletine of a manhar	

Vincent J. Monciccipio

Typed or printed name of signes

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the Limited Liability Company is:		
Bell	e Phila, LLC		
lfυ	navailable, the alternate to be used in the state of Florida is:		
		77.5	
2.	The name and the Florida street address of the registered agent and office are:	2011 DEC -	FIL
	Vincent J. Monticolojo	SEE	m
	(Name)	E.FLC	O
	1214 Playmoor Drive Florida Street Address (P.O. Box NOT ACCEPTABLE)	STATE STATE	i
	Palm Harbor FL 34683 City/State/Zip		

Having been named as registered agent and to accept sarvice 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 retating 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 \$66, Florids Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BELLA PHIA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF DECEMBER, A.D. 2011.

SECRETARY OF STATE TALL AHASSEE, FLORIDA

Jeffrey W. Bullack, Secretary of State

OUTHENTICATION: 9191463

DATE: 12-01-11

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You may vorify this cortificate opling at corp, delaware, gov/authver.shtml

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