

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# M23000011433

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702)866-2500  
Fax Number : (702)900-2290

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

Email Address: Managedreports@incorp.com

**Foreign Limited Liability Company  
Beldi Management LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 05       |
| Estimated Charge      | \$793.75 |

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Beldi Management LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Joanna Fernandez on behalf of InCorp Services, Inc.

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy Suite 500S

Address

Las Vegas, NV 89169-6014

City, State and Zip Code

Managedreports@incorp.com

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

For further information concerning this matter, please call

Joanna Fernandez for InCorp Services, Inc.

800-246-2677

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy    ☐ \$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 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Beldi Management LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP.")

2. Delaware

(Jurisdiction under the laws of which foreign limited liability company is organized)

3. 88-3839973

(FED. EIN, if applicable)

4. 8/18/2022

(Date first transacted business in Florida, if prior to registration.  
See sections 605.004 & 605.005, F.S., for alternate payment methods.)

5. 12284 Indian Mound Road

(Street Address of Principal Office)

6. 12284 Indian Mound Road

(Mailing Address)

Wellington, FL 33449

Wellington, FL 33449

7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name InCorp Services, Inc.

Office Address 3458 Lakeshore Drive

Tallahassee

City

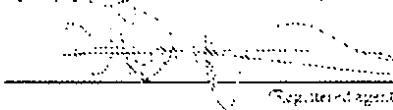
Florida 32312

Zip Code

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Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
(Registered agent's signature)

Louise Greytenbach on behalf of InCorp Services, Inc.

5. For initial indexing purposes, list names, title or capacity, and addresses of the primary members, managers or persons authorized to manage (up to six (6) total)

|                           |                                                                                                            |                           |                                      |
|---------------------------|------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------|
| <u>Title or Capacity:</u> | <u>Name and Address:</u>                                                                                   | <u>Title or Capacity:</u> | <u>Name and Address:</u>             |
| X Manager                 | Name, William Howard _____<br>Address _____<br>12284 Indian Mound Road _____<br>Wellington, FL 33449 _____ | [ ] Manager               | Name _____<br>Address _____<br>_____ |
| [ ] Member                |                                                                                                            | [ ] Member                |                                      |
| [ ] Authorized Person     |                                                                                                            | [ ] Authorized Person     |                                      |
| [ ] Other _____           | [ ] Other _____                                                                                            | [ ] Other _____           | [ ] Other _____                      |

|                                      |                                      |                                      |                                      |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager     | Name: _____                          | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member      | Address: _____                       | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized  | _____                                | <input type="checkbox"/> Authorized  | _____                                |
| <input type="checkbox"/> Person      | _____                                | <input type="checkbox"/> Person      | _____                                |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

|                                     |               |                                     |               |
|-------------------------------------|---------------|-------------------------------------|---------------|
| <input type="checkbox"/> Manager    | Name _____    | <input type="checkbox"/> Manager    | Name _____    |
| <input type="checkbox"/> Member     | Address _____ | <input type="checkbox"/> Member     | Address _____ |
| <input type="checkbox"/> Authorized | _____         | <input type="checkbox"/> Authorized | _____         |
| Person                              | _____         | Person                              | _____         |
| Other _____                         | Other _____   | Other _____                         | Other _____   |

**Important Notice:** Use an attachment to report more than six (6). The attachment will be indexed for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

10. This document is executed in accordance with section 605.02(5), (6), 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.

W (G. *W. G.*)

William Howard

Number of people from 0 to 1000

# Delaware

The First State

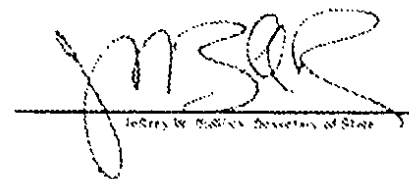
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "BELDI MANAGEMENT LLC" IS DULY FORMED  
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND  
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS  
OF THE THIRTY-FIRST DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BELDI MANAGEMENT  
LLC" WAS FORMED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN  
PAID TO DATE.



  
Jeffrey W. Bullock, Secretary of State

6975836 8300

SR# 20233393447

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204076780

Date: 08-31-23

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