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#### COVER LETTER

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Registration Section
Division of Corporations

TO:

SUBJECT: Bellaire Enterprises 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:
Mark Sacher
Name of Person
Firm/Company
1875 SW. 61st Lane Road
Address
Ocala, Florida 34471
City/State and Zip Code
entity.creation@legallymine.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Will Murdoch at (800 ) 3752453
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Bellaire Enterpris	es Management, LLC		
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or "LLC.")	
name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Liability Company," "L.L.	.C." or "I.LC.")
Alaska		<sub>3.</sub> 93-3363497	,
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if applicable)	<del></del>
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penalty liability)	
200 W. 34th Ave., #977 (Street Address of Principal Office)		6. 1875 SW. 61st Lane Road (Mailing Address)	<del></del> -
Anchorage, AK 9	9503	Ocala, FL 34471	·
Name and street address  Name:	ss of Florida registered agent: (P.O. Box  Mark Sacher	:. •	2- Jan 25 b
Office Address:	1875 SW. 61st Lane Road	17. 17.	PH 4: 51
	Ocala (City)	, Florida <u>34471</u> (Zip code)	*
comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment as	rocess for the above stated limited liability compains registered agent and agree to act in this capacity, and complete performance of my duties, and I am	F C .1

8. 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]: Title or Capacity: Name and Address: Title or Capacity: Name\_and Address: Name: Mark Sacher Manager Name: Elyse Schwartz Manager Address: 1875 SW. 61st Lane Road Member Member | Address: 97 Elaine Drive Ocala, Florida 34471 Authorized Authorized Oceanside, New York 11572 Person Person Other Other\_\_\_\_ Other Other Manager Name: \_\_\_\_\_ Manager Name: ☑Member Address: Member Address: Authorized Authorized Person Person Other ☐Other\_\_ Other\_\_\_\_ Other\_\_\_\_ Manager Name: Manager Name: Member Address: Member Address: Authorized Authorized Person Person Other Other Other\_\_\_\_ Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felong as provided for in s.817.155, F.S. Signature of an authorized person Mark Sacher

Typed or printed name of signee

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

### **Certificate of Compliance**

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

#### Bellaire Enterprises Management, LLC

This entity was formed on September 12, 2023 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **September 14, 2023**.

Julie Sande Commissioner