

L03000023524

(Requestor's Name)

(Address)

(Address)

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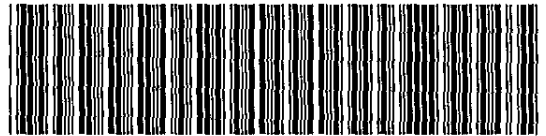
(Business Entity Name)

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 149546 9692A

AUTHORIZATION :

*Patricia Pizito*

COST LIMIT : \$ 125.00

ORDER DATE : June 26, 2003

ORDER TIME : 4:18 PM

ORDER NO. : 149546-005

CUSTOMER NO: 9692A

CUSTOMER: Jeffrey A. Levine, Esq  
Jeffrey A. Levine, PA  
Suite 201  
4000 North Federal Highway  
Boca Raton, FL 33431

DOMESTIC FILING

NAME: 1087 BEL LIDO LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney EXT. 1116

EXAMINER'S INITIALS: \_\_\_\_\_

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

1087 Bel Lido LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

963 Cypress Drive  
Delray Beach, Florida 33483

**Mailing Address:**

Same

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**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

Jeffrey A. Levine, Esq.  
Name

4000 N. Federal Highway #201  
Florida street address (P.O. Box NOT acceptable)

Boca Raton = FL 33431  
City, State, and Zip

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*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 608, F.S..*

  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGR</u>	<u>Mark Remmerden</u> <u>963 Cypress Drive</u> <u>Delray Beach, Florida 33483</u>
<u>MGRM</u>	<u>Muriel Egan</u> <u>963 Cypress Drive</u> <u>Delray Beach, Florida 33483</u>
<u> </u>	<u> </u>
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(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

*Jeffrey A. Levine representative for member*  
 \_\_\_\_\_  
 Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jeffrey A. Levine  
 \_\_\_\_\_  
 Typed or printed name of signer

- Filing Fees:**
- \$100.00 Filing Fee for Articles of Organization
  - \$ 25.00 Designation of Registered Agent
  - \$ 30.00 Certified Copy (Optional)
  - \$ 5.00 Certificate of Status (Optional)