

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407)843-4600
Fax Number : (786)901-8020
Attn: Tami D. Passley

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

Email Address: stuart.swann@belairpg.com

FLORIDA LIMITED LIABILITY CO.

313 Vallette Way Owner LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

2022 JUL 21 PM 1:03

COMMERCIAL SERVICES

FILED
22 JUL 21 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
313 VALLETTE WAY OWNER LLC**

ARTICLE I - NAME

The name of this limited liability company is 313 Vallette Way Owner LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 5001 S. Dixie Highway, Suite B #230, West Palm Beach, Florida 33405.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 5001 S. Dixie Highway, Suite B #230, West Palm Beach, Florida 33405 and the name of the initial registered agent of the Company at that address is Stuart Swann.

ARTICLE IV - MANAGEMENT

The Company is a manager-managed limited liability company and the initial manager of the Company is Belair GP LLC, 5001 S. Dixie Highway, Suite B #230, West Palm Beach, Florida 33405.

DocuSigned by:

Stuart Swann
40466F70E06E4190...

Stuart Swann, Authorized Representative of Member

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.

DocuSigned by:

Stuart Swann
40466F70E06E4190...

Stuart Swann

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