

L09000053241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

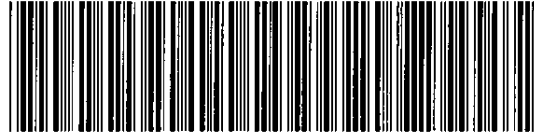
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09 JUN - 1 AM 9:38  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 JUN - 1 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

JUN - 2 2009

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: ASHLEY SMITH  
DATE: 06-01-2009  
REF. #: 000409.104854  
CORP. NAME: 1500 BELVEDERE ROAD CORP., LLC

FILED  
09 JUN -1 AM 10:35  
TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 530466 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
09 JUN -2 AM 9:45

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

June 1, 2009

ASHLEY SMITH  
CORPDIRECT AGENTS  
TALLAHASSEE, FL

SUBJECT: 1500 BELVEDERE ROAD CORP., LLC  
Ref. Number: W09000025431

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.

6/1  
09 JUN -1 AM 10:35  
FILED  
TALLAHASSEE, FLORIDA

We have received your document for 1500 BELVEDERE ROAD CORP., LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

Florida LLC's may not use the corporation suffixes "CORP.", "CORPORATION", "INCORPORATED", or "INC." in their names.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 409A00018310

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.

6/1

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.

6/1

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

1500 Belvedere Road, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

1 SE 3<sup>rd</sup> Avenue  
25<sup>th</sup> Floor  
Miami, FL 33131

**Mailing Address:**

1 SE 3<sup>rd</sup> Avenue  
25<sup>th</sup> Floor  
Miami, FL 33131

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TALLAHASSEE, FLORIDA

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Corp Direct Agents, Inc.  
515 East Park Avenue  
Tallahassee, Florida 32301

*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.*

*Michelle Holden, Asst. Sct.*  
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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

Michael R. Goldstein, MGR

1 SE 3<sup>rd</sup> Avenue  
25<sup>th</sup> Floor  
Miami, FL 33131

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (optional)

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
Signature of a member or authorized  
representative of a member.

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

Michael R. Goldstein

Typed or printed name of signee