



# L02000005576

ACCOUNT NO. : 072100000032

REFERENCE : 437751 7327623

AUTHORIZATION :

COST LIMIT : \$ 125.00

*Patricia Piquito*

ORDER DATE : March 7, 2002

ORDER TIME : 10:0 AM

ORDER NO. : 437751-001

CUSTOMER NO: 7327623

CUSTOMER: Dr. Ouellette-7327623  
Dr. Paul L. Ouellette

455 Magnolia Avenue  
Suite B  
Merritt Island, FL 32952

DOMESTIC FILING

NAME: BELLE RIVE PROPERTIES, 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: Susie Knight - EXT. 1156

EXAMINER'S INITIALS:

02 MAR -8 AM 11:36  
RECEIVED  
TALLAHASSEE, FLORIDA

800005073368--4

02 MAR -8 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*JP*  
*3/8/02*

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

BELLE RIVE PROPERTIES, LLC

## ARTICLE II - Address:

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

455 MAGNOLIA AVENUE, SUITE B, MERRITT ISLAND, FL 32952

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

PATRICIA B. OUELLETTE

Name

455 MAGNOLIA AVENUE, SUITE B

Florida street address (P.O. Box **NOT** acceptable)

MERRITT ISLAND FL 32952

City, State, and Zip

*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.*

PATRICIA B. OUELLETTE

By: PATRICIA B. OUELLETTE

Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Deborah D. Skipper  
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.)

DEBORAH D. SKIPPER

Typed or printed name of signee

### 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)

02 MAR - 8 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

BELLE RIVE PROPERTIES, LLC

MEMBERS LIST

PATRICIA B. QUELLETTE  
PAUL L. OUELLETTE

455 MAGNOLIA AVENUE  
SUITE B  
MERRITT ISLAND, FL 32952

sxk

APPROVED  
AND  
FILED  
02 MAR -8 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of BELLE RIVE PROPERTIES, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 8<sup>th</sup> day of MARCH.

Pat B. Duelllette

Signature

Pat B. Duelllette

Print Name of Signer

WITNESS:

x Jane T. Murphy

Signature

Jane T. Murphy

Print Name of Witness

WITNESS:

x Donna M. Olson

Signature

DONNA M. OLSON

Print Name of Witness

02 MAR - 8 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

FL LLC D-:LIMITED POWER OF ATTORNEY 04/00 (FLLCATT)