L02000032283

FILED 02 DEC -3 PM 2: 08

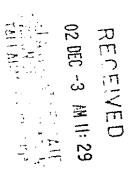
TALLAHASSEE, FLORIDA

(Requestor's Name)
(Address)
(Address)
, (.a)
(2) (2) (3)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(
Continued Comings Continued to Charles
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600009281396



AL



FILED 02 DEC -3 PM 2: 08

SEGNETARY OF STATE TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE: 838473 4336812

Di

AUTHORIZATION : Tatric

COST LIMIT :

\$ 160.00

ORDER DATE: December 2, 2002

ORDER TIME: 10:59 AM

ORDER NO. : 838473-005

CUSTOMER NO: 4336812

CUSTOMER: Jay Fox, Esq

O'donnell & Fox, P.c.

880 Third Avenue

New York, NY 10022

DOMESTIC FILING

NAME:

THOMAS BELMONT, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Thomas Belmont, LLC

02 DEC -3 PM 2: 08

SEURETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

19483 Colorado Circle, Boca Raton, Florida 33434

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

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

Thomas H	Belmont	
Nan	ne	
19483 Color	ado Circle	
Florida street address (F	O. Box <u>NOT</u>	acceptable)
Boca Raton	FL	33434
City, Sta	te, 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.

Thomas Belmont

By:

Registered Agent's Signature

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

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.)

Thomas Belmont

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)