

L030000002041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

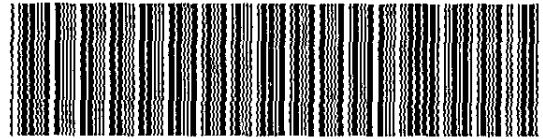
(Document Number)

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01/17/03--01069--003 \*\*155.00

FILED

03 JAN 17 PM 2:23

TALLAHASSEE FLORIDA

RECEIVED

03 JAN 17 PM 2:00

LEHIGH COUNTY  
CORPORATIONS  
TALLAHASSEE FLORIDA

CORP/DIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: Cindy

DATE: 1-17-03

REF. #: 0184 12/56

CORP. NAME: New Urban Belle  
Chole, LLC

- |  |   |   |
|--|---|---|
| <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"/> UCC-1                  | <input type="checkbox"/> UCC-3                        |
| <input type="checkbox"/> OTHER: _____                |   |   |

STATE FEES PREPAID WITH CHECK# 504187 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

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

PLEASE RETURN:

- ☒ CERTIFIED COPY      ☐ CERTIFICATE OF GOOD STANDING      ☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF ORGANIZATION  
FOR  
NEW URBAN BELLE ISLE, L.L.C.

ARTICLE I - NAME

The name of the Limited Liability Company is New Urban Belle Isle, L.L.C.

ARTICLE II - ADDRESS

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

398 N.E. 6<sup>th</sup> Avenue  
Delray Beach, Florida 33483

ARTICLE III - REGISTERED AGENT  
REGISTERED OFFICE & REGISTERED AGENTS SIGNATURE

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

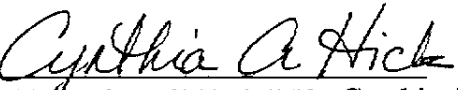
CORPDIRECT AGENTS, INC.  
103 N. Meridian Street  
Lower Level  
Tallahassee, FL 32301

FILED  
03 JAN 17 PM 2:23  
STATE OF FLORIDA  
TALLAHASSEE

Having been named as registered agent 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.

By: Cynthia A. Hicks  
CORPDIRECT AGENTS, INC.  
Its Agent, Cynthia A. Hicks

(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 herein are true.)

By:   
CORPDIRECT AGENTS, INC., Cynthia A. Hicks  
Authorized representative of a member