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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 149546 9692A

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : June 26, 2003

ORDER TIME : 4:18 PM

ORDER NO. : 149546-005

CUSTOMER NO: 9692A

CUSTOMER: Jeffrey A. Levine, Esq
Jeffrey A. Levine, PA
Suite 201
4000 North Federal Highway
Boca Raton, FL 33431

DOMESTIC FILING

NAME: 1087 BEL LIDO LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney EXT. 1116

EXAMINER'S INITIALS:

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TALLAHASSEE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1087 Bel Lido LLC

ARTICLE II - Address:

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

Principal Office Address:

963 Cypress Drive
Delray Beach, Florida 33483

Mailing Address:

Same

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

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

Jeffrey A. Levine, Esq.
Name

4000 N. Federal Highway #201
Florida street address (P.O. Box NOT acceptable)

Boca Raton = FL 33431
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..


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:MGRMark Remmerden963 Cypress DriveDelray Beach, Florida 33483MGRMMuriel Egan963 Cypress DriveDelray Beach, Florida 33483

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**

Jeffrey A. Levine representative for member
 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.)

Jeffrey A. Levine
 Typed or printed name of signer

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)

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