

LO4000047032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

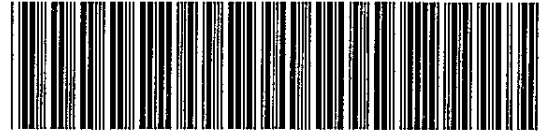
(Business Entity Name)

(Document Number)

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

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06/22/04--01032--007 \*\*125.00

FILED  
JUN 22 2004  
12:25  
FBI/DOJ

LO4-47032  
JL

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bella Vista Isles, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Hickey  
(Name of Person)

CJM Communities, LLC  
(Firm/Company)

11419E West Palmetto Park Rd.  
(Address)

Boca Raton, FL 33428  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Hickey at ( 561 ) 488.9509  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
JUN 22 PM 12:25  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Bella Vista Isles, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

11419E West Palmetto Park Rd

Boca Raton, FL 33428

**Mailing Address:**

11419E West Palmetto Park Rd

Boca Raton, FL 33428

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

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

Aracelli Brown

Name

11419E West Palmetto Park Rd

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

Boca Raton, FL 33428

FLORIDA

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, Florida Statutes..*

Aracelli Brown

Registered Agent's Signature

FILED  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA  
JUN 22 2011 11:25 AM

**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:**

MGRM

Aracelli Brown

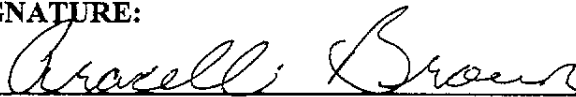
11419E West Palmetto Park Rd

Boca Raton, FL 33428

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



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.)

Aracelli Brown

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)

FILED  
04 JUL 29 PM 12:25  
TALLAHASSEE, FLORIDA