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M.



CORPORATION SERVICE COMPANY

ACCOUNT NO.: 072100000032
REFERENCE: 818846 156480A
AUTHORIZATION :
COST LIMIT: \$ 125.00
ORDER DATE : July 23, 2004
ORDER TIME : 2:14 PM
 ORDER NO. : 818846-005
CUSTOMER NO: 156480A
CUSTOMER: Ms. Layla Tabor Roberts, Seward & Company
Suite 202 505 E. Jackson Street Tampa, FL 33602
DOMESTIC FILING
NAME: BELLASOL PROPERTY INVESTMENTS, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION

EXAMINER'S INITIALS:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire - EXT. 2909

CERTIFICATE OF GOOD STANDING

_ CERTIFIED COPY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	5: 12
- · · · · · · · · · · · · · · · · · · ·	ents, Luc
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
505 E. Jackson 31, 4202	100 E. Jourson 01. #202
Tampa, FL 330000	Tampa, FL 36600
ARTICLE III - Registered Agent, Registered Office. The name and the Florida street address of the registere	
Florida street address (P.O. Box No.	#202 OT acceptable)
<u>támpa</u> FL	ORIDA 38:02

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..

City, State, and Zip

Registered Agent's Signature

Page 1 of 2 (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:	
MGR	Bichard Roberts 505 E. Taulson #200 Tampo, Fl. 336002	
····		
· · · · · · · · · · · · · · · · · · ·		
(Use attachment if necessary)		
REQUIRED SIGNATURE: Land A - JA 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.)		
K1chard 1	SOP AS 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)