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2004 AUG 30 P 2:19

(Requestor's Name) SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

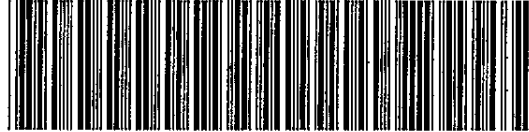
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TRANSMITTAL LETTER

FILED

TO: Registration Section  
Division of Corporations

2004 AUG 30 P 2:19

SUBJECT: BELKO HOLDINGS LLC  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

KEVIN OSSIP  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

22840 MARBELLA CIRCLE  
(Address)

BOCA RATON FL 33433  
(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN OSSIP at ( 561 ) 654-4792  
(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

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

**FILED**  
2004 AUG 30 P 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name**

The name of the Limited Liability Company is: **BELKO HOLDINGS LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

22840 Marbella Circle  
Boca Raton, FL 33433

**Mailing Address:**

22840 Marbella Circle  
Boca Raton, FL 33433

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

Kevin Ossip  
Name

22840 Marbella Circle  
Florida street address

Boca Raton, FL 33433  
City, State, and Zip

*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, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**FILED**

**Title:**

Managing Member

**Name and Address:**

Belinda Abrams  
22840 Marbella Circle  
Boca Raton, FL 33433

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

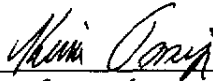
Member

Kevin Ossip  
22840 Marbella Circle  
Boca Raton, FL 33433

**ARTICLE V – Effective Date**


The effective date for this Limited Liability Company shall be: August 25, 2004

**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)



\_\_\_\_\_  
Typed or printed name of Signee