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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : SMITH, GAMBRELL & RUSSELL LLP
Account Number : I20020000143
Phone : (404)815-3538
Fax Number : (904)598-6300

LIMITED LIABILITY COMPANY

Belleza at Ponte Vedra, LLC

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Belleza at Ponte Vedra, 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:

Rebecca Saferstein, Paralegal
(Name of Person)

Smith, Gambrell & Russell, LLP
(Firm/Company)

1230 Peachtree St., N.E., Suite 3100, Promenade II
(Address)

Atlanta, Georgia 30309-3592
(City/State and Zip Code)

For further information concerning this matter, please call:

Rebecca Saferstein at (404) 815-3721
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
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|---|---|---|---|

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

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OCT-21-2004 09:22

SMITH GAMBRELL AND RUSSEL

P.02

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Belleza at Ponte Vedra, LLC**ARTICLE II - Address:**

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

Principal Office Address:100 Atlanta Technology Center, Suite 200
1575 Northside Drive, NW
Atlanta, Georgia 30318**Mailing Address:**100 Atlanta Technology Center, Suite 200
1575 Northside Drive, NW
Atlanta, Georgia 30318**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Michael A. Walters

Name

50 North Laura St., Suite 2600Florida street address (P.O. Box NOT acceptable)Jacksonville 32202FL

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)

Page 1 of 2

TOTAL P.02

OCT 21 2004 09:56

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:MGRMGEREE Suncoast, LLC1575 Northside Drive, NW, 100 ATC, Suite 200
Atlanta, Georgia______________________________

(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.)

Michael E. Rubinger, Authorized RepresentativeTyped or printed name of signer**Filing Fees:****\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**

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