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(Requestor's Name)

(Address)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 984202 4130B

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 155.00

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ORDER DATE : November 19, 2004

ORDER TIME : 4:13 PM

ORDER NO. : 984202-005

CUSTOMER NO: 4130B

CUSTOMER: Rubye Lockwood
Bolz & Bolz

Suite 100
5 Harvard Circle
West Palm Beach, FL 33409

DOMESTIC FILING

NAME: BELAIRE, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: _____

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ARTICLES OF ORGANIZATION FOR BELAIRE, LLC A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BelAire, LLC

ARTICLE II - Address
The mailing address and street address of the principal office of the Limited Liability Company is:

11930 Twelve Oaks Way, Suite 520
North Palm Beach, Florida 33408

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Karen M. Powell
11930 Twelve Oaks Way, Suite 520
North Palm Beach, Florida, 33408

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

ARTICLE IV - Manager(s) or Managing Member(s):
The name and address of each Manager or managing Member is as follows:

Title:	Name and Address:
"MGR"= Manager "MGRM"= Managing Member	
MGRM	Karen M. Powell 11390 Twelve Oaks Way, Suite 520 North Palm Beach, Florida 33408

11/19/2004 14:09 FAX 5616861052 BOLZ & BOLZ 003

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.)

Karen M. Powell, Sole Member
Typed or printed name of signee