

L 04000084538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

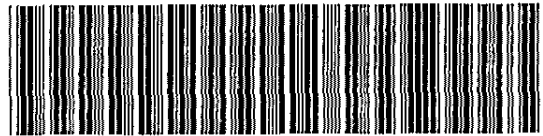
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700042256307

FILED  
04 NOV 22 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
04 NOV 22 AM 8:21  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 984202 4130B

AUTHORIZATION :

*Patricia Pijoto*

COST LIMIT : \$ 155.00

**FILED**  
04 NOV 22 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: \_\_\_\_\_

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

FILED  
04 NOV 22 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

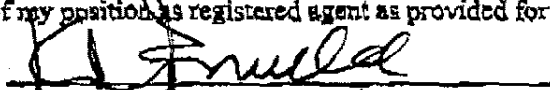
11930 Twelve Oaks Way, Suite 520  
North Palm Beach, Florida 33408

**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:**

"MGR"- Manager

"MGRM"- Managing Member

**Name and Address:**

MGRM

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

11/19/2004 15:28 FAX 5616861052

BOLZ & BOLZ

003/003

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