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CT CORPORATION SYSTEM

PAGE 01/03

Division of Corporations

Page 1 of 1

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Florida Department of State  
Division of Corporations  
Public Access System

(3)

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Electronic Filing Cover Sheet

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M. HODGES

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

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

RECEIVED  
05 JUL 11 PM 12:19  
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Belle's Acre LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

05 JUL 11 PM 2:56

Electronic Filing Menu

Corporate Filing

Public Access Help

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

The name of the Limited Liability Company is:

Belle's Acre LLC**ARTICLE II - Address:**

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

**Principal Office Address:**2778 South Ocean BlvdPalm Beach, Florida 33480**Mailing Address:**2778 South Ocean BlvdPalm Beach, Florida 33480**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Allen Ross

Name

2778 South Ocean BlvdFlorida street address (P.O. Box NOT acceptable)Palm Beach, Florida 33480

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

05 JUL 11 PM 2:56

**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:**

MGRM

Thomas Dilsheimer  
51 Derwen Road  
Bala Cynwood, Pennsylvania 19004

(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.)

ALLEN N. ROSS

Typed or printed name of signat

**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)