

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000007289 3)))



H090000072893ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JAN 12 AM 8:34

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Belleair Olive Branch, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

A. LUNT
JAN 13 2008
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

09 JAN 12 AM 6:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H09000007289

ARTICLE I - Name

The name of the Limited Liability Company is: **Belleair Olive Branch, LLC**

ARTICLE II - Address

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

Principal Office Address:Mailing Address:1938 Swan Lane1938 Swan LanePalm Harbor, FL 34683Palm Harbor, FL 34683

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

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

Mahmood T. Eldee

Name

4216 La Palma Ct.(P.O. Box or Mail Drop Box NOT Acceptable)Tampa, FL 33611

(City / State / Zip)

2009 JAN 12 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 - Mahmood T. Eldee

H09000007289

ARTICLE IV - Manager(s) or Managing Member(s):

H09000007289

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Mahmood T. Eldee - 4216 La Palma Ct., Tampa, FL 33611

MGRM

Fayez S. Suhweil - 1938 Swan Lane, Palm Harbor, FL 34683

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Mahmood T. Eldee

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JAN 12 AM 8:34

FILED

H09000007289