

L10000037499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

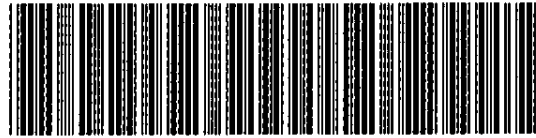
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300173798243

04/08/10--01002--010 **155.00

RECEIVED
10 APR - 7 PM 3:52
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
APR - 7 2010
EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR - 7 PM 4:19

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR - 7 PM 4:19

CONTACT: Kim Weidenbach

DATE: 04/07/10

REF. #: 000174.122942

CORP. NAME: MIRABELLE OF UNIVERSITY PARK, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 534398 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

MIRABELLE OF UNIVERSITY PARK, LLC,
a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

MIRABELLE OF UNIVERSITY PARK, LLC

ARTICLE II PRINCIPAL OFFICE

The street address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

6416 Wentworth Crossing
University Park, Florida 34201

and, the mailing address of the of the Limited Liability Company shall be:

653 North Sutton Road
Sutton Quebec, Canada JOE 2KO

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Cheryl L. Gordon
240 South Pineapple Avenue, 10th Floor
Sarasota, Florida 34236

ARTICLE IV MANAGEMENT AND POWERS

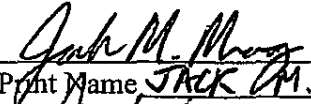
The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

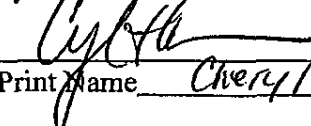
SLK_SAR: #34577v1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR -7 PM 4:19

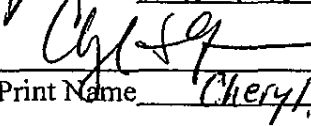
IN WITNESS WHEREOF, these Articles of Organization have been executed as of the 7th day of April, 2010.

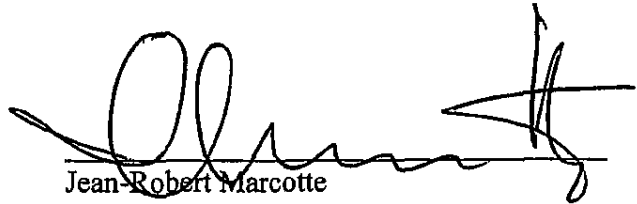
WITNESSES:

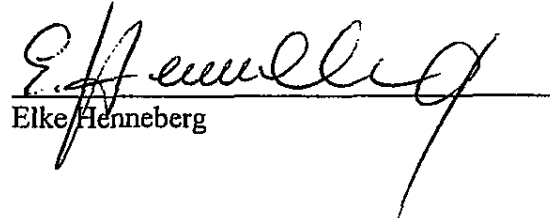

Print Name JACK M. MUNG


Print Name Cheryl L. Gordon


Print Name JACK M. MUNG


Print Name Cheryl L. Gordon


Jean-Robert Marcotte


Elke Henneberg

"MANAGERS"

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

MIRABELLE OF UNIVERSITY PARK, LLC

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

Cheryl L. Gordon
240 South Pineapple Avenue, 10th Floor
Sarasota, Florida 34236

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: _____

4/7/10

Cheryl L. Gordon

"REGISTERED AGENT"