

C10000045992

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (880) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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RE-SUBMIT

**Enter the email address for this business entity to receive annual report mailings. Enter only one email address per business.

Email Address: _____

Please retain original filing
date of submission 4/26

FLORIDA LIMITED LIABILITY CO.
10709 Belvedere LLC

Certificate of Status	1
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Estimated Charge	\$160.00

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EXAMINER

TRANSMISSION VERIFICATION REPORT

TIME : 04/26/2010 09:21
 NAME :
 FAX :
 TEL :
 SER. # : BROK7J716014

DATE, TIME	04/26 09:20
FAX NO./NAME	6176383
DURATION	00:00:39
PAGE(S)	04
RESULT	OK
MODE	STANDARD ECM

4/26/2010

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FLORIDA LIMITED LIABILITY CO.
 10709 Belvedere LLC

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
 Email Address:

From: Account Name : C T CORPORATION SYSTEM
 Account Number : RGA00000023
 Phone : (850) 222-1092
 Fax Number : (850) 878-5360

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

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 10709 Belvedere LLC
Name of Limited Liability Company

The enclosed *Articles of Organization and fee(s)* are submitted for filing.

Please return all correspondence concerning this matter to the following:

William R McMullan
Name of Person

Danow McMullan & Panoff PC
Firm/Company

275 Madison Avenue (Suite 1711)
Address

New York, NY 10016
City/State and Zip Code

wrm@dmpcc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William R McMullan at (212) 370-3744
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

10709 Belvedere LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "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:

c/o T3 Group LLC

2125 Geri Lane

Hillsborough CA 94010

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** acceptable)

Plantation

FL 33324

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 under the laws of the State of Florida, Chapter 608, F.S..

By: C T Corporation System

Chris McNear
Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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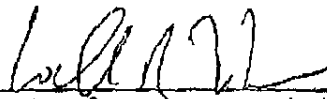
ARTICLE IV- Manager(s) or Managing Member(s):
 The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	Gerald Taube
	36 Frost Drive
	Durham NH 03824

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

William R McMullan Authorized Representative of a Member
 Typed or printed name of signer

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)

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