# 45000 86737

| (Re                                     | equestor's Name)   |           |
|---|--------------------|-----------|
| (Ac                                     | ldress)            |           |
| (Ac                                     | ldress)            | · ····    |
| (Cit                                    | ty/State/Zip/Phone | #)        |
| PICK-UP                                 | ☐ WAIT             | MAIL      |
| (Bu                                     | ısiness Entity Nam | ne)       |
| (Document Number)                       |                    |           |
| Certified Copies                        | _ Certificates     | of Status |
| Special Instructions to Filing Officer: |                    |           |
|   |                    |           |
|   |                    |           |
|   |                    |           |
|   |                    |           |

Office Use Only



600271665496

TO ACCREMENT OF FILE

IS HAY 15 AH IO: 55

2015 MAY 15 PM 12: 56

MAY 18 2015

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 630254 81514A

AUTHORIZATION : OFFICE OF THE PROPERTY OF THE

COST LIMIT : \$ 125.00

ORDER DATE: May 14, 2015

ORDER TIME : 10:26 AM

ORDER NO. : 630254-005

CUSTOMER NO: 81514A

-----

# DOMESTIC FILING

NAME: BELMAR PROPERTIES LLC

### EFFECTIVE DATE:

ARTICLES OF INCORPORATION

CERTIFICATE OF LIMITED PARTNERSHIP

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Lydia Cohen - EXT. 62974

\_\_\_\_ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# ARTICLE I - Name:

The Name of the Limited Liability Company is: BELMAR PROPERTIES LLC

# ARTICLE II - Address:

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

a: Mailing Address: 1722 Dooley Lane, Lakeland, Florida 33813 b: Street Address: 1722 Dooley Lane, Lakeland, Florida 33813

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

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

| · · ·   |             |              |
|---|-------------|--------------|
| Clara L. Altman Libey   |             |              |
| Name <sup>*</sup>   |             |              |
| 4700 B  |             |              |
| 1722 Dooley Lane  |             |              |
| Florida street address (Post Office Box NOT acceptable)   |             |              |
| Lakeland, FL 33813  |             |              |
| City, State and Zip   |             |              |
| · · · · · · · · · · · · · · · · · · ·   |             |              |
| Having been named as registered agent and to accept service of process for the above stated limited liabilicompany at the place designated in this certificate, I hereby accept the appointment as registered agent are agree to actin 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 605, F.S.   | nd<br>er    |              |
| Clara h. allman Kiling  | N.5         |              |
| Clara L. aleman Liby Registered Agent's Signature   | 2015 HAY 15 |              |
| ige not the second of the sec | 5           | # §          |
| ARTICLE IV – Management (Check applicable box)  |             | Contract.    |
| CATA  | ហ           | ł            |
| The Limited Liability Company is to be managed by one manager ∰   | P.          | m            |
| managers and is, therefore, a manager – managed company.  X The Limited Liability Company is to be managed by one member  | <u>'</u>    |              |
| Y The Limited Liebility Company is to be managed by any arranged and a second a second and a second a second and a second | ഗ           | # Section 1. |
| members and is therefore, member - managed by one member of managed company   | 9           |              |

| ARTICLE V – The name and address of each pers Liability Company:   | son authorized to manage and control the Limited   |
|--|--|
| Title: "AMBR" = Authorized Member "MGR" = Manager  | Name and Address:  |
| AMBR   | Clara L. Altman Libey, as Trustee of the Clara L.<br>Altman Libey Revocable Living Trust dated January<br>8, 2002<br>1722 Dooley Lane<br>Lakeland, Florida 33813 |
| ARTICLE VI: Effective date, if other the (If an effective date is listed, the date business days prior to or 90 days after | nan the date of filing:(OPTIONAL) must be specific and cannot be more than five er the date of filing.)  |
| ARTICLE VI: Other provisions, if ar  | ny.  |
| Clara P. C   | Return Libry an authorized representative of a member.   |

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Clara L. Altman Libey, Trustee

Typed or printed name of signee