

L 960000000879  
TRANSMITTAL LETTER  
FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

600001922226  
-08/14/96--01032--002  
\*\*\*293.75 \*\*\*293.75

SUBJECT: BELTREES ASSOCIATES LLC.  
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy of the articles of organization and a check for :

☐ \$285.00  
Filing Fee  
& Registered  
Agent designation

☒ \$293.75  
Filing Fee,  
Registered Agent  
Designation &  
Certificate

☐ \$337.50  
Filing Fee,  
Registered Agent  
Designation &  
Certified Copy

☐ \$346.25  
Filing Fee,  
Registered Agent  
Designation,  
Certified Copy &  
Certificate

FROM: JOHN W. LOWE  
Name (Printed or typed)

350 BELTREES ST.  
Address

DUNEDIN, FL 34698  
City, State & Zip

813-734-6210  
Daytime Telephone number

AUG 16 1996

BSB

FILED  
96 AUG 14 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

8/14/96.

Sirs;

Enclosed please find articles  
of incorporation for Beltrees Associates LLC  
along with a check for \$293.75  
for filing fees:

Your prompt attention to this  
matter would be greatly appreciated.

Sincerely  
John W. Love

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BELTREES ASSOCIATES LLC.

ARTICLE II - Address:

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

350 BELTREES ST.  
DUNEDIN FL. 34698

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

12/31/2020 or sooner  
as determined by the partners.

ARTICLE IV - Management:

(check and complete the appropriate statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

JOHN W. LOWE  
350 BELTREES ST  
DUNEDIN, FL. 34698

LESTER GOLDSTEIN  
935 W. CHESTNUT  
STE 415  
CHICAGO, ILL. 60672

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

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25 AUG 14 AM 11:16  
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TALLAHASSEE, FLORIDA

**ARTICLE V - Admission of Additional Members:**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

*BASED UPON THE MUTUAL CONSENT  
OF THE MANAGING PARTNERS.*

**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

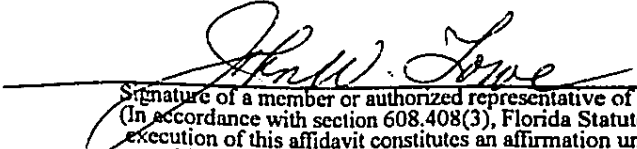
*~~VESTED~~ VESTED IN THE SURVIVING  
PARTNER OR PARTNERS, UNTIL SUCH TIME  
AS THE ORDERLY LIQUIDATION OR CONCLUSION  
OF THE OPEN BUSINESS AFFAIRS ARE  
COMPLETED. BUT NOT MORE THAN  
90 DAYS.*

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of \_\_\_\_\_

DELTRESS ASSOCIATES LLC \_\_\_\_\_ deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 100.
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ \_\_\_\_\_.  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ \_\_\_\_\_.
- 5) the total amount of 2, 3, and 4 is \$ 100.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the  
execution of this affidavit constitutes an affirmation under the  
penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

DELTREES ASSOCIATES LLC

2. The name and address of the registered agent and office is:


JOHN W. LOWIE  
(Name)

350 DELTREES ST  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

DUNEDIN, FL 34698  
(City/State/Zip)

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26 AUG 14 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

  
(Signature)

8/5/1996  
(Date)

**Filing Fee: \$ 35 for Designation of Registered Agent**