

L150000 86737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

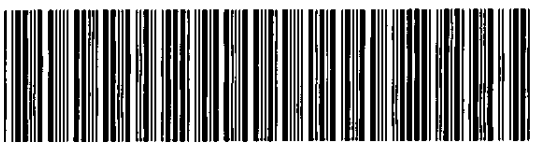
(Business Entity Name)

(Document Number)

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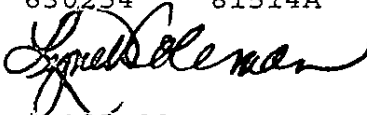
MAY 18 2015  
J. BRUCE

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

ACCOUNT NO. : I20000000195

REFERENCE : 630254 81514A

AUTHORIZATION :



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  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen - EXT. 62974

EXAMINER'S INITIALS: \_\_\_\_\_

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**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

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 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 605, F.S.*

*Clara L. Altman Libey*  
Registered Agent's Signature

**ARTICLE IV – Management (Check applicable box)**

- The Limited Liability Company is to be managed by one manager and is, therefore, a manager – managed company.
- The Limited Liability Company is to be managed by one member and is, therefore, member - managed company.

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**ARTICLE V –**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Clara L. Altman Libey, as Trustee of the Clara L. Altman Libey Revocable Living Trust dated January 8, 2002  
1722 Dooley Lane  
Lakeland, Florida 33813

**ARTICLE VI:** 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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Clara L. Altman Libey*

\_\_\_\_\_  
Signature of a member or 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

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