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(Requestor's Name)
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## TRANSMITTAL LETTER

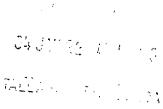
ro: Registration Section	
Division of Corporations	TALLA
SUBJECT: CASACAMPBELL, L, L. C. (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the fol	llowing:
(Name of Person)	
CASACAMPBELL, L.L. C. (Firm/Company)	
4012 Commodore Blvd	
Cortez Florida 342 (City/State and Zip Code)	
For further information concerning this matter, please call:	
William Campbell at (941) 504-4 (Name of Person) (Area Code & Daytime Telepho	-8 9 7 one Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Name: The name of the Limited Liability Company is:	
CASA CAMPRELL,	L.L.C.
ARTICLE II - Address: The mailing address and street address of the prince	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4012 Commodore Blud	SAME
CortEZ F1. 34215	· · · · · · · · · · · · · · · · · · ·
<u></u>	
ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the regis	, ,
William B. Ca Name	mpbell
4012 Comma	done Blvd.

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 608, Florida Statutes..

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

Coet EZ, FLORIDA 34215-City, State, and Zip

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):		ON Jones Jones	
The name and address of each Manag	ger or Managing Member is as fo	ollows;	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	(23 ta	. ,
NonE			
(Use attachment if necessary)			
NOTE: An additional article must	be added if an effective date is	requested.	
REQUIRED SIGNATURE:	B 0		
Signature of a member or a	an authorized representative of a med	mber.	
(In accordance with section of this document constitutes that the facts stated herein as	608.408(3), Florida Statutes, the execut an affirmation under the penalties of porte true.)	tion erjury	
<u> William</u> Typed o	B. Campbell r printed name of signed	<u> </u>	

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)