Florida Department of State Division of Corporations

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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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FLORIDA LIMITED LIABILITY CO. SANIBEL PROPERTIES LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

12 JAN 26 AM 8:59 STATE LANGSEE FLORIDA

B. BÖSTICK

JAN 27 2012

EXAMINER

COVER LETTER

TO:	Registrație Division e	on Section I Corporations			
SURI	ECT: SANII	BEL PROPERTIES LLC			
0020		Name of Limit	ted Liability Company		
The e	nclosed Article	es of Organization and fee(s) are	submitted for filing.		
Please	retum all con	respondence concerning this mat	ter to the following:		
	KAREN K F	RAZER			
	•		Name of Person	·	
	SANIBEL P	ROPERTIES LLC			
		<u> </u>	Firm/Company		
	26 HOMEW	OOD COURT			
			Address		
	WILLIAMSV	TLLE, NEW YORK 14221		7: ·	
	rdfkkf@aol.c		y/State and Zip Code	Z JA	maray.
		E-mail address: (to be used	for future annual report notification)	\$5. 22	eres, use
For fu	rther informati	ion concerning this matter, please	e call:		- - - - - - - - - - -
Court	ney L. Scanlor	ı, Paralegal	at (716) 848-1538		rpenency renewal
·	Na	me of Person	Area Code & Daytime Teleph	ane Number $ \overline{\mathbb{R}}^{\geq} $	
Bnclo	sed is a check	k for the following amount:		A	
\$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is anclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Stroot/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ	çle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company Is	· :			
SANIBEL PROPERTIES LLC				
(Must end with the words "Limited Liab	liky Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited L	lability Co	mpan	y is:
Principal Office Address:	Mailing Address:			
26 HOMEWOOD COURT	26 HOMBWOOD COURT			
WILLIAMSVILLE, NEW YORK 14221	WILLIAMSVILLE, NEW YORK	14221		
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registration.) The name and the Florida street address of the CT Corporation System	stered Agent. You must designate an indiv	s Signaturidud or another Allender	re: 12 JAH 2	
Name		On the second	ن 	
1200 South Pine Island Road			==	3
Florida street ad	dress (P.O. Box NOT acceptable)	LORIO	ფ	
	on _{FL} 33324		9	
City, 9	tate, and Zip	202		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete places the obligations of my position as registered the obligations of my position as registered Agent's Signal	this certificate, I hereby accept to ty. I further agree to comply with erformance of my duties, and I a istered agent as provided for in C stem	he appoint the provi n familiar	ment a sions a with a	s of all and
(CONTIN	IUED)			

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FL052 - 01/17/2011 GT System Online

(FAX)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing)	Name and Address: Member	
MGRM	KAREN K FRAZER	
	26 HOMEWOOD COURT	
	WILLIAMSVILLE, NEW YORK 14221	
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