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SECRETARY OF STATE
ALLAHANSEE, FLORIDA

COVER LETTER

TO: Registration Division of C					
SUBJECT:		HARTER LLC, ted Liability Company			
The enclosed Articles of	The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
REX L. GASTEIGER Name of Person					
Name of Person					
REXAIR					
Firm/Company					
 	304 CITATION POINT Address				
		Address			
NAPLES FL 34104 Citý/State and Zip Code					
City/State and Zip Code					
RGASTEIGER © REXAIR. WET E-mail address: (to be used for future annual report notification)					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
REX L. G	FASTEIGER of Person	at (<u>239</u>) <u>649-</u> Area Code & Daytime Tele	9822 phone Number		
Enclosed is a check f	or the following amount:				
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address Registration Section	Street/Courier Address Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address: Mailing Address:				
304 CITATION POINT 304 CITATION F NAPLES, FL 34104 NAPLES, FL 34	741 0 1			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are:				
REX L. GASTEIBER Name				
Florida street address (P.O. Box NOT acceptable)				
ė .				
NAPLES, FL 34104 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 608, F.S				
Registered Agent's Signature (REQUIRED)				
(CONTINUED)	FILI 12 NOV 27 SECRETIARY			
Page 1 of 2	PH 4: 40 OF STATE OF STATE			

'ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: <u>Title:</u> Name and Address: "MGR" = Manager "MGRM" = Managing Member X L. GASTEIBER (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: JANUARY 1, 2013. (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.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

REX L. GASTELGER

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)