

MAY 06-2015 14:34  
Division of Corporations

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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813)229-7600  
Fax Number : (813)229-1660

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jfeller@slk-law.com

FLORIDA LIMITED LIABILITY CO.  
CWoods4, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED  
15 MAY -6 AM 9:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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H15000111023 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CWoods4, LLC

(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:**

17058 Marina Cove Lane  
Fort Myers, Florida 33908

**Mailing Address:**

1000 Jackson Street  
Toledo, Ohio 43604

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**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:

John W. Hilbert II  
Name  
17058 Marina Cove Lane  
Florida street address (P.O. Box **NOT** acceptable)  
Fort Myers                      Florida                      33908  
City                                      State                                      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.*

John W. Hilbert II  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

H15000111023 3

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

David W Klenzle

PMB 130, Pak N Ship of Sanibel

2230 Palm Ridge Road, Unit 10

Sanibel, Florida 33957

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

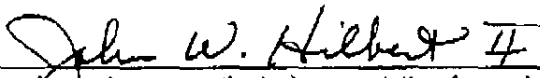
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

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

**REQUIRED SIGNATURE:**



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. 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.)

John W. Hilbert II

Typed or printed name of signer

**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)

H15000111023 3