

216000125087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

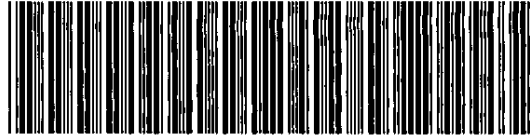
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05/23/16--01034--001 **130.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 24 AM 11:01

[Handwritten signature]

** Date Correction*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2016

586-610-9893 (c)
JAMES NARDI JR.
14883 STONEY BROOK DRIVE
SHELBY TWP., MI 48315

SUBJECT: 1831 CAPTIVA COURT L.L.C.
Ref. Number: W16000039760

16 JUN 24 AM 10:45
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RECEIVED

We have received your document for 1831 CAPTIVA COURT L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 23, 2016. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II

Letter Number: 616A00011422

** Corrected date*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 24 AM 11:01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1831 Captiva Court L.L.C.

(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:

14883 Stoney Brook Drive
Shelby TWP. MI 48315

Mailing Address:

14883 Stoney Brook Drive
Shelby TWP. MI 48315

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:

James Nardi Jr.

Name

1831 Captiva Court

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

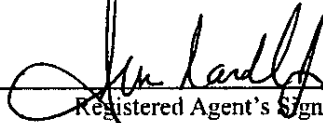
The Villages, FL 32162

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 JUN 24 AM 11:01

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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:

President

Jim Nardi Jr.
14883 Stoney Brook Dr.
Shelby Twp. MI 48315

MGR

Scott Stevenson
49504 Crusader Dr.
Macomb, MI 48044

AMBR

Annie Nardi
14883 Stoney Brook Dr.
Shelby Twp. MI 48315

(Use attachment if necessary)

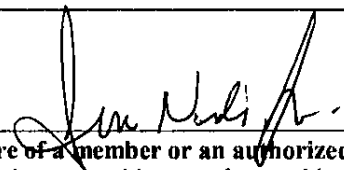
ARTICLE V: Effective date, if other than the date of filing: 6-21-16 (OPTIONAL)

(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.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

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)

16 JUN 24 AM 11:01

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA