(H04000035541)

# Florida Department of State
## Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

MJH

From:
Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

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04 MAY 10 PM 2:06
DIVISION OF CORPORATION

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## LIMITED LIABILITY COMPANY

### 1507 SANDPIPER PARTNERS, LLC

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | $130.00 |

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# ARTICLES OF ORGANIZATION
# FOR
# FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

1507 SANDPIPER PARTNERS, 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:** |
|---|---|
| 23712 Stoney River Pl. | 23712 Stoney River Pl. |
| Bonita Springs, FL 34135 | Bonita Springs, FL 34135 |

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**
The name and the Florida street address of the registered agent are:

Lewis Gabriele
Name

23712 Stony River Pl.
Florida street address (P.O. Box NOT acceptable)

Bonita Springs FLORIDA 34135
City, State, and Zip

04 MAY 10 AM 9:26

*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.*

Registered Agent's Signature



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(((H040001018223)))

**ARTICLE IV- Manager(s) or Managing Member(s):**
The name and address of each Manager or Managing Member is as follows:

| Title: | Name and Address: |
|---|---|
| "MGR" = Manager<br>"MGRM" = Managing Member | |
| MGMR | Charles Gingerelli<br>9231 Spring Run Boulevard, Unit 2106<br>Bonita Springs, FL 34135 |
| MGMR | Frank Gingerelli<br>9241 Spring Run Boulevard, Unit 2207<br>Bonita Springs, FL 34135 |
| MGMR | Lewis Gabriele<br>23712 Stoney River Pl.<br>Bonita Springs, FL 34135 |
| | |

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Lewis Gabriele

**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.)**

Lewis Gabriele
Typed or printed name of signee

**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)**