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SECHETARY OF STATE
DIVISION OF GORPONATION

T. HAMPTON
DEC 1 0 2010

EXAMINER

COVER LETTER

TO:

Registration Section

 g°

Division of Corporations *
SUBJECT: 3811 LAKEVIEW ISLE CONET, LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SAMUEL IESAEC Name of Person
Name of Person
Israel Friedberg J Korbatov, LCP Firm/Company
1 mil/Company
11 how what is Rhad Suite 2200
11601 Wilshise Blud. Site 2200
City/State and Zip Code Sistarl @ifklaw.com
City/State and Zip Code
Sistari @ifklaw.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
To further information concerning this matter, please can.
Samuel Israel at (310) 553-2200)
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigs\\$130.00 Filing Fee & \$\bigs\\$155.00 Filing Fee & \$\bigs\\$160.00 Filing Fee,
Certificate of Status — Certified Copy — Certificate of Status & Certified Copy — Certified
(additional copy is enclosed) (additional copy is enclosed
Mailing Address Street/Courier Address
Registration Section Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32314 2001 Executive Center Circle Tallahassee, FL 32301

		,			
AR7	ICLES	OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPA	NY	
	1	- Name: the Limited Liability Company is:			
38	11 L	akeview Isle Court,			
A D T	nci e i	(Must end with the words "Limited Liability - Address:	· Company, "L.L.C.," or "LJ.C.")		
			cipal office of the Limited Liability Compar	ay is:	
?rin	cipal Of	fice Address:	Mailing Address:		
	51 Saba Meyers	Point , FL 33905	13451 Sabal Point Fort Meyers, FL 33905		
The I busii	limited Liab less entity v	I - Registered Agent, Registered Citity Company cannot serve as its own Register ith an active Florida registration.) The Florida street address of the reg	Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another elistered agent are:		
		Debbie Coats			
		Florida street addre 13451 Sabal Point ^{Fr}			
reg st	iability c stered ag itutes rel	ompany at the place designated in this ent and agree to act in this capacity, uting to the proper and complete perf	, and Zip cept service of process for the above stated lin s certificate, I hereby accept the appointment of I further agree to comply with the provisions formance of my duties, and I am familiar with or ared agent as provided for in Chapter 608, F.S.	as of all and	
		Registered Agent's Signature		10 DFC -9	DIVISION OF CURPORATION
		(CONTINUI		1	
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<u>l'itle:</u> "MGR" = Manager 'MGRM" † Managin	Name and Address:
MGR	
VIOIN	Carl Diamond 13451 Sabal Point
	Fort Meyers, FL 33905
Use attachment if nec	•
EV: Effective date, i	f other than the date of filing:
K V: Effective date, i etive date is listed, the lays after the date of	f other than the date of filing:
K V: Effective date, i etive date is listed, the lays after the date of	f other than the date of filing:
R V: Effective date, is etive date is listed, the date of the date of EQUIRED SIGNAT	f other than the date of filing:
E V: Effective date, is etive date is listed, the lays after the date of EQUIRED SIGNAT	f other than the date of filing:
EV: Effective date, is etive date is listed, the date of EQUIRED SIGNATES Signature (In accordance constitutes an amaware the	f other than the date of filing:
EV: Effective date, is ettive date is listed, the lays after the date of EQUIRED SIGNATES Signature (In accordance constitutes an am aware the	f other than the date of filing:

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