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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## **COVER LETTER**

Division of Corporations
SUBJECT: 1512 CWF Investments 44.
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:
Charles IV Flanget
Charles W. Flangack Name of Person
1512 CWF Investments L.L.C.
Finn/Company
1512 Braman Aue
Address
Fort Myers FC 33901
Fort Myers FL 33901  City/State and Zip Code  Flanjack ce hotmail. cam
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
· · · · · · · · · · · · · · · · · · ·
Charles W. Flanjack at (239) 337-4324  Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

112 470

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
1512 CWF Investme	ents L.L.C.		
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
Fort Myris, FC, 33901	1512 Bramon Ave, Ft Myers, FK, 33901		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)			
The name and the Florida street address of the rep	gistered agent are:		
<u>Charles W. F</u>	lanjack		
1512 Braman Ave			
Florida street address (P.O. Box NOT acceptable)			
Fort Myers, FL 33901 City, State, and Zip			
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 Signatur	SECRETAL JAN		
(CONTINU	ED) SSEE. F		
Page 1 of 2	AIS AZ		

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member  MGRM	Charles W. Flangack 1512 Braman Awe Fort Myers, FL, 33901
(Use attachment if necessary)	1. OFFICIALLY
	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:  Signature of a mem	ber or an authorized representative of a member.
(In accordance with section 6	08.408(3), Florida Statutes, the execution of this document

(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.)

Charles W. Flanjock
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)