

L00000009059

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 922-4003

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

LIMITED LIABILITY COMPANY

VILLA AT COCOBAY, L.L.C.

Certificate of Status	0
Certified Copy	1
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OK 7-31

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7/31/00 6:55 AM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
H000000040034

ARTICLE I - Name:
The name of the Limited Liability Company is: **VILLA AT COCOBAY, L.L.C.**

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
400 FIFTH AVE. SOUTH, SUITE 203, NAPLES, FLORIDA 34102

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

JIM D. SHUMAKE
Name
4947 NORTH TAMiami TRAIL # 202
Florida street address (P.O. Box NOT acceptable)
NAPLES, FL 34103
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.

[Signature]
Registered Agent's Signature

Article IV - Management (Check box if applicable.)
☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional fee must be added if an effective date is requested)

[Signature]
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.)

JIM D. SHUMAKE
Typed or printed name of signer

FILING FEES:
\$ 180.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Name (OPTIONAL)

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