

L01000011318

941 - 776 - 2672

Marianne Higgins  
3103 River Woods Dr  
Parrish Fla  
34219

7000004397597-1  
-06/11/01-01110-023  
\*\*\*\*125.00 \*\*\*\*125.00

11/11/01

FILED  
2001 JUL 12 AM 8:37  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

52



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 19, 2001

MARIANNE HIGGINS  
3103 RIVER WOODS DR  
PARRISH, FL 34219

SUBJECT: CARIBE  
Ref. Number: W01000014053

We have received your document for CARIBE and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

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) 487-6051.

Shawn Logan  
Document Specialist

Letter Number: 001A00037288

FILED  
2001 JUL 12 AM 8:37  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Caribe L.L.C.

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

3103 River Woods Dr  
Parrish FL 34219

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

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

Marianne Higgins  
Name  
3103 River Woods Dr  
Florida street address (P.O. Box NOT acceptable)  
Parrish FL 34219  
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..*

Marianne Higgins  
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 article must be added if an effective date is requested)

Marianne Higgins  
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.)

Marianne Higgins  
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)

FILED  
2001 JUL 12 AM 8:37  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA