

L020000010887

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Fax Number : (850)205-0383

From: Account Name : BUSINESS FILLINGS
Account Number : 105256001620
Phone : (608)827-5300
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LIMITED LIABILITY COMPANY

Breeze Breaker Enterprises, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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FAX AUDIT # H020001341526

T-059 P.002/003 F-626

**ARTICLES OF ORGANIZATION
OF
Breeze Breaker Enterprises, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Breeze Breaker Enterprises, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business address of this Limited Liability Company shall be:
13180 North Cleveland Avenue, Suite 112, North Fort. Myers, Florida 33903

The mailing address shall be:
13180 North Cleveland Avenue, Suite 112, North Ft. Myers, Florida 33903

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Samantha A. Ravenscroft, 13180 North Cleveland Avenue, Suite 112, North Fort Myers, Florida 33903. Located in the County of Lee.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2042.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:
Samantha A. Ravenscroft, 13180 North Cleveland Avenue, Suite 112, North Fort Myers, Florida 33903

Richard Oster
Richard Oster, Vice President
Business Filings Incorporated
Authorized Representative

Prepared by Richard Oster, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

FAX AUDIT # H020001341526

02 MAY -7 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
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FAX AUDIT # H020001341526CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Breeze Breaker Enterprises, LLC**

The name and address of the registered agent and office is Samantha A. Ravenscroft,
13180 North Cleveland Avenue, Suite 112, North Fort Myers, Florida 33903. Located in
the County of Lee.

Having been named as registered agent and to accept service of process for the above
stated corporation 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.

Signature: Samantha A. Ravenscroft
Samantha A. Ravenscroft

Date: April 19, 2002

02 MAY - 7 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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