# LOZOCO 12600 <u>BOCUMENT FILING TRANSMITTAL FORM</u>

LAT & Associates, Inc. 51 Everett Drive, Suite B-60 West Windsor, New Jersey 08550-0496

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02 MAY 17 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Member of : National Public Records Research Association and the Public Record Retriever Network

May 15, 2002

To: Florida Division of Corporations

From: Leif A. Tonnessen

Re: Anglers Family Resort LLC

**Articles of Incorporation** 

**Articles of Organization** 

**Application For Authority** 

Certificate of Limited Partnership

**Application for Amended Authority** 

Ref#: 02-05-7721

Check Enclosed

300005558033--3 -05/17/02--01065--010 \*\*\*\*155.00 \*\*\*\*155.00

Change of Registere	d Agent/Office
Change of Registere	d Agent & Office
Dissolution	
 Assumed Name Cer	rtificate
Certificate of Amen	dment
Amount	\$155.00

#### Special Comments:

 $\boldsymbol{x}$ 

 $\mathbf{X}$ 

Please file and return a certified copy as evidence of filing to the address listed below.

#5281

#### Type of Service:

		T	
Same Day	x	Expedited	Routine Basis

### Return Evidence to:

Leif A. Tonnessen LAT & Associates, Inc. 3 Brandon Road Lawrenceville, New Jersey 08648-1501

## Send Via:

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FAX 609	895-1776	My Fedex #2140-9855-5	x	Regular Mail

About 1

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is: ANGLERS FAMILY RESORT LLC

#### **ARTICLE II - Address:**

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

12189 S Williams Street, Dunnellon, Florida 34432

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

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

no manao ana ma 1 maraa					
	Joseph Marcl	nese		₹ 33 <u>7</u>	02
		Name		TACE SEE	MAY
	12189 S Williams Street				=
Florida street address (P.O. Box NOT acceptable)			acceptable)	SER	$\exists$
	Dunnellon		1432	OF S	
		City, State, and Zip		욹루	Ö
Having been named as re liability company at the p registered agent and agre statutes relating to the pr accept the obligations of Article IV - Manageme	lace designated to ee to act in this concept and comple my position as responsed by:	in this certificate, I had appropriate performance of my gistered agent as process   Registered Agent's Signal	ereby accept the appoint ree to comply with the pr v duties, and I am familio gyided for in Chapter 60	ment as rovisions ar with a	of all
	ty Company is to	be managed by one	manager or more mana	gers and	is,
Sign: (In a of the	attye of a member	or an authorized repre tion 608.408(3), Florida utes an affirmation unde	Sective date is requested  sentative of a member.  Statutes, the execution of the penalties of perjury	)	
		oseph Marchese			
	Тур	ed or printed name of sig	mee		

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)