

L02000023091

CLAUSEN PROPERTIES I N C O R P O R A T E D

247 N. Collier Blvd. • P.O. Box 429 • Marco Island, FL 34146

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #) 7000007534527--5
-09/05/02--01026--009
****155.00 ****155.00

4. _____
(Corporation Name) (Document #)

- | | | |
|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy | | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED
02 SEP -5 AM 10:23
CLERK OF COURT
STATE OF FLORIDA

a/b nst
Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -Name:

The name of the Limited Liability Company is:

ALTAMIRA, L.L.C.

ARTICLE II -Address:

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

MAILING ADDRESS – BOX 429, MARCO ISLAND, FL 34146

STREET ADDRESS – 247 N COLLIER BLVD., MARCO ISLAND, FL 34145

ARTICLE 111- Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

ROBERT CLAUSEN

Name

247 N. COLLIER BLVD.

Florida street address (P .O. Box ~ **NOT** acceptable)

MARCO ISLAND, FL 34145

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 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)


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.)

ROBERT CLAUSEN

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)

02 SEP -5 AM 10:23
ALTAMIRA, FL 34145