

L020000029450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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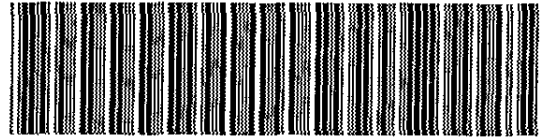
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/01/02--01057--001 **125.00

L02-29450
A. Smith



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

November 4, 2002

PATRICK AMORE
605 97TH AVENUE NORTH
NAPLES, FL 34108

SUBJECT: CATT BUILDERS L.L.C.
Ref. Number: W02000031507

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TALLAHASSEE, FLORIDA

We have received your document for CATT BUILDERS L.L.C. 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 document must contain both the street address of the principal office and the mailing address of the entity.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 702A00060166

Patrick Amore

605 97th Av North.

Naples, FLORIDA 34108

1-941-597-7887

1-317-490-5065

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

CATT Builders L.L.C**ARTICLE II - Address:**

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

605 97th Ave North Naples, FLORIDA 34108**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Patrick J Amore

Name

605 97th Ave NorthFlorida street address (P.O. Box **NOT** acceptable)Naples FLORIDA FL 34108

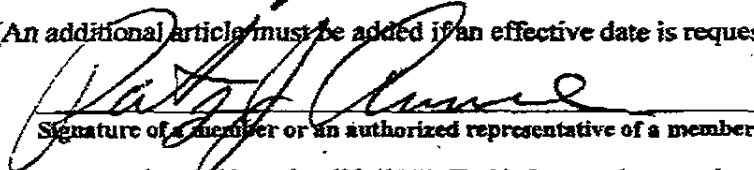
City, State, and Zip

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

(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.)

Patrick Amore

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)

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TALLAHASSEE, FLORIDA