## 

(Req	uestor's Name)	
(Addı	ress)	
(Addi	ess)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doci	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		





02/10/03--01049--005 \*\*125.00

SHARI JOY LANDBO, PRESIDENT

OF

DESTINY VENTURES OF SOUTHWEST FLORIDA, LLC

6749 WINKLER ROAD FT. MYERS, FC 33919

239-437-4039

OR.

239 - 839 - 8577

HILED

O3 FEB 10 711 9:51

SECONDARY OF STATE

NILAHASSEE, FLOHIDA

Sh Ish

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:  DESTINY VENTURES OF SOUTHWEST FLORIDA, LL
DESTING VENTURES OF SCOTT
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
6749 WINKLER ROAD, FT. MYERS, FL 33919 -
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
SHARY JOY LANDBO
6749 WINKLER ROAD
Florida street address (P.O. Box NOT acceptable)
City, State, and Zip
City, State, and Zip
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.)
SHARI JOY LANDBO
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)