

L030000006989

00789-00623-00671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

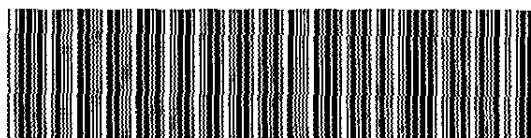
Certified Copies 1

Certificates of Status 1

Special Instructions to Filing Officer:

2/26 FELL
CC+WS
W03-3219

Office Use Only



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02/03/03--01098--007 **160.00

MJH

FILED

03 FEB 25 AM 9:13

January 24, 2003

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

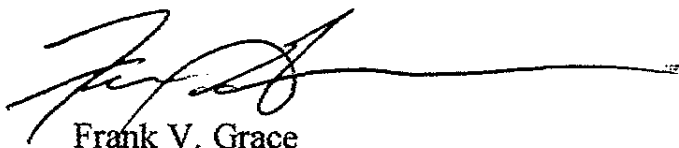
Enclosed please find the articles of organization for Blue Moon Ballroom LLC. Please note the following information:

Name: Frank V. Grace
Address: PMB 304, 8951 Bonita Beach Road, Suite 525,
Bonita Springs, FL 34135
Phone: (239) 498-6310

Along with the letter of acknowledgment, please send a *certified copy* and *certificate of status*. Total fees of \$160.00 are enclosed.

Thank you for your cooperation.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Frank V. Grace', followed by a long horizontal line extending to the right.

Frank V. Grace

FVG/bs
Enclosures



FLORIDA DEPARTMENT OF STATE
Ken Detzner
Secretary of State

February 4, 2003

FRANK V. GRACE
PMB 304, 8951 BONITA BEACH ROAD, STE 525
BONITA SPRINGS, FL 34135

SUBJECT: BLUE MOON BALLROOM LLC
Ref. Number: W03000003219

We have received your document for BLUE MOON BALLROOM LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 703A00007380



FLORIDA DEPARTMENT OF STATE
Ken Detzner
Secretary of State

February 14, 2003

FRANK V. GRACE
PMB 304, 8951 BONITA BEACH ROAD, STE 525
BONITA SPRINGS, FL 34135

SUBJECT: BLUE MOON BALLROOM LLC
Ref. Number: W03000003219

We have received your document for BLUE MOON BALLROOM LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for not mentioning this in our previous letter, however, the Registered Agent's address cannot contain a PMB (Personal Mail Box) Number. It must be a street address where mail can be personally delivered to them.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 203A00010088

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Blue Moon Ballroom LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
26251 S. Tamiami Tr. #8, Bonita Springs, FL 34134

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

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

Barbara Staehle

Name

2035 Swainsons Run

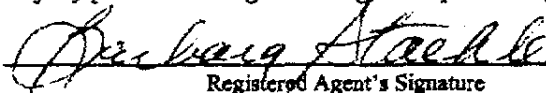
Florida street address (P.O. Box **NOT** acceptable)

Naples

FL 34105

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.)

Barbara Staehle

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)

FILED
03 FEB 26 AM 9:14
TALLAHASSEE, FLORIDA