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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

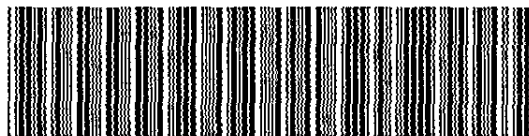
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/23/03--01014--008 \*\*155.00

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2003 OCT 22 PM 3:14  
TALLAHASSEE, FLORIDA

J. BROWN OCT 28 2003

**IncAdvantage.com, Inc.**

51 Everett Drive, Suite B-60  
P. O. Box 927  
West Windsor, NJ 08550-0927  
877-462-2388  
Fax: 609-716-0820

October 20, 2003

Division of Corporations  
Florida Department of State  
409 E. Gaines Street  
Tallahassee, FL 32314

RE: Chambered Nautilus Properties, LLC

Dear Sir/Madam,

For the purposes of forming the above captioned entity, enclosed herewith in duplicate is Articles of Incorporation accompanied by our check in the amount of \$ 155.00

Please proceed with the filing of the enclosed, returning official receipts and evidence to the undersigned in the enclosed self addressed stamped envelope.

If you should need additional information, please do not hesitate to contact our office at 877-462-2388.

Thank you in advance for your cooperation in this matter.

Sincerely,

Zulma M. Howarth  
Encls.

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Chambered Nautilus Properties, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zulma M. Howarth  
(Name of Person)

IncAdvantage.com, Inc.  
(Firm/Company)

PO Box 927, 51 Everett Drive  
(Address)

West Windsor, NJ 08550-0927  
(City/State and Zip Code)

For further information concerning this matter, please call:

Zulma Howarth at ( 877 ) 462-2388  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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2003 OCT 22 PM 3:14  
JULIA H. HARRINGTON  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Chambered Nautilus Properties, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

4200 Gordon Drive  
Naples, Florida 34102

**Mailing Address:**

4200 Gordon Drive  
Naples, Florida 34102

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

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

Jon Wright

Name

4200 Gordon Drive

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

Naples

FL 34102

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..*

Jon Wright

by: X

Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

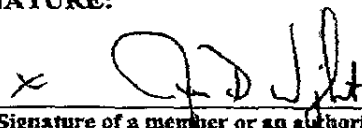
<p>MGRM</p> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Jon Wright</p> <hr/> <p>4200 Gordon Drive</p> <hr/> <p>Naples, Florida 34102</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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 TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
 \_\_\_\_\_  
 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.)

Jon Wright - Member

\_\_\_\_\_  
 Typed or printed name of signer

**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)