

L04000000593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600025684386

12/23/03--01049--004 \*\*130.00

EFFECTIVE DATE

1-1-04

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 23 AM 10:22

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TIARE DEVELOPMENT GROUP, 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:

LUKE S. VADAS

(Name of Person)

(Firm/Company)

26658 LITTLE JOHN CT #93

(Address)

BONITA SPRINGS, FL 34135

(City/State and Zip Code)

For further information concerning this matter, please call:

LUKE S. VADAS

(Name of Person)

at

239

292-1659

(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

**EFFECTIVE DATE**

1-1-04

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 23 AM 10:22

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TIARE DEVELOPMENT GROUP, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

26658 LITTLE JOHN CT #93  
BONITA SPRINGS, FL 34135

**Mailing Address:**

26658 LITTLE JOHN CT #93  
BONITA SPRINGS, FL 34135

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

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

PAMELA D. PAYER

Name

26658 LITTLE JOHN CT #93

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

BONITA SPRINGS, FL FLORIDA 34135

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, Florida Statutes..*



Registered Agent's Signature

Page 1 of 2  
(CONTINUED)

**EFFECTIVE DATE**

1-1-04

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 23 AM 10:22

**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:**

MGRM

LUKE S. VADAS  
26658 LITTLE JOHN CT #93  
BONITA SPRINGS, FL 34135

MGRM

PAMELA D. PUYER  
26658 LITTLE JOHN CT #93  
BONITA SPRINGS, FL 34135

\_\_\_\_\_

\_\_\_\_\_

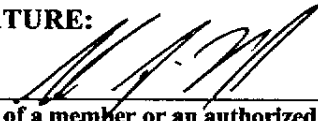
\_\_\_\_\_

\_\_\_\_\_

(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.)

LUKE S. VADAS

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)

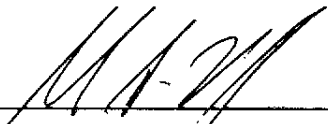
**EFFECTIVE DATE**

1-1-04

**Article V: Effective Date**

The effective date of these documents and beginning of Tiare Development Group, LLC shall be on Midnight, January 1<sup>st</sup>, 2004.

**REQUIRED SIGNATURE:**

  
A handwritten signature in dark ink, appearing to read 'LSV', is written over a horizontal line.

**Luke S. Vadas, Managing 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 herein are true).

**EFFECTIVE DATE**

1-1-04

03 DEC 23 AM 10:23

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS