L04-000014332

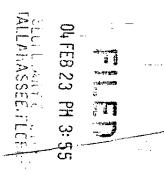
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02/23/04--01033--009 **25.00

02/02/04--01039--010 **100.00



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 10, 2004

JOHN BRIBIESCO 563 BALD EAGLE DRIVE MARCO ISLAND, FL 34145

SUBJECT: COLLIER 951, LLC Ref. Number: W04000005585

We have received your document for COLLIER 951, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

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) 245-6097.

Marsha Thomas Document Specialist Letter Number: 904A00009033

TRANSMITTAL LETTER

Divisio	on of Corporations	
SUBJECT:	Collier 951,LLC	
	(Name of Limited Liability Company)	
The enclosed Ar	rticles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	John Bribriesco, Attorney at Law	
	(Name of Person)	
<u></u>	(Firm/Company)	
	563 Bald Eagle Drive	<u></u>
	(Address)	11 ***** 11 ***************************
	Marco Island, FL 34145 (City/State and Zip Code)) <u>-</u>
	(City/State and Zip Code)	روبه التراثي الا التراثية التراثية
For further info	ormation concerning this matter, please call:	
John Br	ribriesco at (239) 389-4861	
	(Name of Person) (Area Code & Daytime Telephone Number)	

STREET ADDRESS:

Registration Section

TO:

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

FOR		≥⊆ o		
FLORIDA LIMITED LIABI	LITY COMPANY	O4 FEB	4	
ARTICLE I - Name: The name of the Limited Liability Company is: Collier 951, LLC		23 PM		
ARTICLE II - Address: The mailing address and street address of the principa	l office of the Limited Lia	bility Company	is:	
Principal Office Address:	Mailing Address:			
c/o 563 Bald Eagle Drive	c/o 563 Bald Eagle Di	rive		
Marco Island, FL 34145	Marco Island, FL 34145			
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register		Signature:		
John Bribriesco		e *		
Name				
c/0 563 Bald Eagle Drive	delta u			
Florida street address (P.O. Box]	NOT acceptable)	-		

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..

City, State, and Zip

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:	₩c.	-	
"MGRM" = Managing Member		FE	<u>운</u>	*
MGRM	John Bribriesco 563 Bald Eagle Drive Marco Island, FL 34145	HASSEL FLOR	FEB 23 PM 3:56	-
-				
(Use attachment if necessary)			· •	Carrier Carrier
NOTE: An additional article must	be added if an effective date is requ	ested.		
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.)

John Bribriesco

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)