

L04000015771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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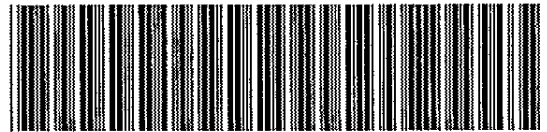
(Business Entity Name)

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DIVISION OF CORPORATION

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04 FEB 27 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 462378 4327236

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 125.00

04 FEB 27 PM 3:04
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 27, 2004

ORDER TIME : 10:30 AM

ORDER NO. : 462378-005

CUSTOMER NO: 4327236

CUSTOMER: Ms. Shelly L. Clifford
Gardner Carton & Douglas

Suite 3700
191 North Wacker Drive
Chicago, IL 60606-1698

DOMESTIC FILING

NAME: CARRABELLE MANAGEMENT LLC

** FILE FIRST **

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

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

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Carrabelle Management LLC

ARTICLE II - Address:

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

Principal Office Address:

909 10th Street South, Suite 105

Naples, Florida 34102

Mailing Address:

909 10th Street South, Suite 105

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:

John C. Swanson

Name

909 10th Street South, Suite 105

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

Naples

FLORIDA 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, Florida Statutes..

John C. Swanson

By:

Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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

John C. Swanson

909 10th Street South, Suite 105
Naples, FL 34102

MGRM

John J. Goebel

909 10th Street South, Suite 105
Naples, FL 34102

MGRM

Steven J. Bracchi

909 10th Street South, Suite 105
Naples, FL 34102

(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.)

By: John C. Swanson, Managing 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)