L04000045869

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	Mait Wait	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u>.</u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		6/18/
	Office Use On	11X



600037368366

06/15/04--01027--004 **155.00

SEURLIARY OF STAR

ON JUNES AMIL: 29

TRANSMITTAL LETTER

TO:

Registration Section

Division of Corporations

409 E. Gaines Street P.O. Box 6327

Tallahassee, Florida 32399 Tallahassee, Florida 32314

SUBJECT:

Shamrock Beach Resort, LLC

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

Please return all correspondence concerning this matter to the following:

Michael J. VonPlinsky (Name of Person)

Shamrock Beach Resort LLC. (Firm/Company)

4259 Bonita Beach Road (Address)

Bonita Springs, FL 34134 (City/State and Zip Code)

Fees are enclosed for the following:

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy

For further information concerning this matter, please call Mr. Michael VonPlinsky at (239) 390-3272. Thank you for your attention and help with this request.

Sincerely,

Michael VonPlinky Managing Member

Shamrock Beach Resort, LLC.

SECRETARY OF STALLAHASSEE, FLORIDA

04 JUN 15 AM11:29

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: Shamrock Beach Resort, LLC

ARTICLE II -

Principal Office Address: 4259 Bonita Beach Road, Bonita Springs, FL 34134

Mailing Address: (Same)

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

Name:

Mr. Michael VonPlinsky 4259 Bonita Beach Road Bonita Beach, FL 34134

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company (LLC) 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:

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title: Name and Address:

MGRM Curtis Hood

4259 Bonita Beach Road Bonita Beach, FL 34134

MGRM Michael J. VonPlinsky

4259 Bonita Beach Road Bonita Beach, FL 34134

MGRM Gregory N. Rogers

10721 Eagle Ridge Road Louisville, KY 40223

REQUIRED SIGNATURE1

^{1 (}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.)