

L040000500B6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

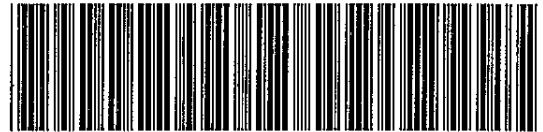
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Handwritten signature/initials

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAND INN L.L.C.
(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:

GONTRAND DELMAS
(Name of Person)

(Firm/Company)

22395 PEACHLAND BLVD
(Address)

PORT CHARLOTTE, FL 33954
(City/State and Zip Code)

For further information concerning this matter, please call:

GONTRAND DELMAS at (941) 766-7500
(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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TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAND INN L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

22395 PEACHLAND BLVD
PORT CHARLOTTE, FL 33954

Mailing Address:

22395 PEACHLAND BLVD
PORT CHARLOTTE, FL 33954

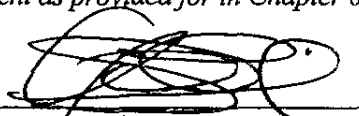
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

GONTRAND DELMAS
Name
22091 PEACHLAND BLVD
Florida street address (P.O. Box NOT acceptable)
PORT CHARLOTTE FLORIDA 33954
City, State, and Zip

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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

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

GONTRAND DELMAS
22,395 PEACHLAND BLVD
PORT CHARLOTTE, FL 33954

MGRM

JEAN DICKSON BERTRAND
22,395 PEACHLAND BLVD
PORT CHARLOTTE, FL 33954

MGRM

ANGEL MARIA PERRETTI
22,395 PEACHLAND BLVD
PORT CHARLOTTE, FL 33954

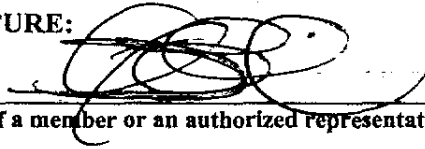
MGRM

GERSON CAYO
22,395 PEACHLAND BLVD
PORT CHARLOTTE, FL 33954

(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.)

GONTRAND DELMAS

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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)