

L04 0000 62145

(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



200040296492

08/20/04--01048--023 **130.00

FILED

04 AUG 20 PM 2:43

RECEIVED
TALAMASSEE, FLORIDA

8/23
CUT

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gran Paradiso, 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:

Richard S. Webb, IV, Esq.
(Name of Person)

Icard, Merrill, et al.
(Firm/Company)

2033 Main Street, Suite 600
(Address)

Sarasota, FL 34237
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard S. Webb, IV, Esq. at (941) 366-8100
(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

FILED
04 AUG 20 PM 2:43
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gran Paradiso, LLC**ARTICLE II - Address:**

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

Principal Office Address:1265 Horse & Chaise BoulevardVenice, Florida 34285**Mailing Address:**1265 Horse & Chaise BoulevardVenice, Florida 34285**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Sam R. Rodgers

Name

1265 Horse & Chaise BoulevardFlorida street address (P.O. Box **NOT** acceptable)VeniceFLORIDA 34285

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 20 PM 2:43

FILED

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:

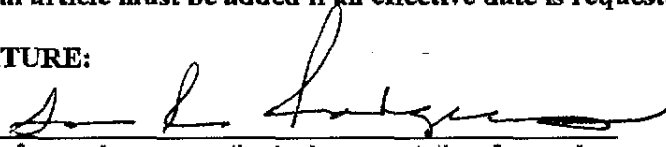
Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRSam R. Rodgers1265 Horse & Chaise BoulevardVenice, Florida 34285

(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.)

Sam R. RodgersTyped 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 20 PM 2:43

FILED