

W04000063675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

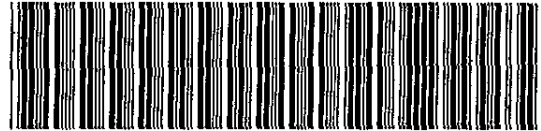
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

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W04-63675  
OK

**Caloosa Ventures, LLC**  
P.O. Box 1075 Estero, FL. 33928  
Main Office: Phone and Fax (239) 267-8787

8/23/2004

Dear Sir:

Enclosed is the necessary paperwork and check (# 1045 - \$130.00) for the filing fee,  
Registered Agent and Cert. of Status for the formation of Caloosa Ventures LLC.  
If anything else is needed, just call, E-mail or fax and I'll get it to you.

Sincerely,

Bryan R. Chambers  
Phone :(239) 267-8787  
Fax: (239) 267-8787  
CaloosaDev@Att.net

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Caloosa Ventures 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:

Bryan R. Chambers  
(Name of Person)

Caloosa Development Group, Inc.  
(Firm/Company)

18197 Useppa Rd.  
(Address)

FT. Myers, FL. 33912  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bryan R. Chambers at ( 239 ) 267-8787  
(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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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Caloosa Ventures LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

18197 Useppa Rd.

Ft. Myers, FL. 33912

**Mailing Address:**

P.O. Box 1075

Estero, FL. 33928

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

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

Bryan R. Chambers

Name

18197 Useppa Rd.

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

Ft. Myers, FLORIDA 33912

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..*

*Bryan R. Chambers*

Registered Agent's Signature

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**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:**

Bryan R. Chambers

MGRM

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

*Bryan R. Chambers*

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.)

Bryan R. Chambers

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)

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