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(Requestor's Name)		
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PICK-UP WAIT MAIL		
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(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AFFINITY GULF PROPERTIES, 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:

For further information concerning this matter, please call:

Richard Hollman at (239) 992 - 9260
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Affinity Gulf Pro	perties, LLC
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9220 Bowita BEACH Rd	9220 BONTA BRACH R
unit 224	unit 224
BONITA SPRINGS FL. 34135	Bon LA Springs, Fi.
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registe	red agent are:
Richard S Name	HOHMAN SE S
9220 BONITA	BEAULT Rd. # DAR =
Florida street address (P.O. Box	
130mith Springs P City, State, and Zip	FLORIDA 34/35 PM
wing been named as registered agent and to accept service of mpany at the place designated in this certificate, I hereby access to act in this capacity. I further agree to comply with the p	cept the appointment as registered agent and

Page 1 of 2 (CONTINUED)

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..

ARTICLE IV- Manager(s) or Manager The name and address of each Manager	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR Y	RICHARD S HOHMAN 9220 Bourta BRACH RD #224 Bourta Springs PL 34/35
MGRM	PEGGG HAHW 9220 BOWITA BEACH Rd. 17224 BOWITA SPRINGS, FL. 34135
· .	
	
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	thin.
(In accordance with section 608.	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury ue.)
Richara Typed or pri	5 Ho HMAN nted name of signce

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)