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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
/B:	usiness Entity Nam	<u> </u>
JOJ	isiliess Elluty Nam	e) _,
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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2014 SEP 13 PM 2: 15

TRANSMITTAL LETTER

TO: Registration Section	!	. 2
Division of Corporation	S	The March As
		Alon to
SUBJECT: Ultimate Property	LLC	1/0 0
	(Name of Limited Liability Company)	ON ALAMASSIC PORTONS
The enclosed Articles of Organiz	ation and fee(s) are submitted for filing.	Conton S
Please re	eturn all correspondence concerning this matter to the following:	Dy S
Robert A Abad	ie, Jr	_
	(Name of Person)	
	;	
**************************************	(Firm/Company)	
22050 Longleaf Trail Dr		
	(Address)	
Bonita Springs	s, FL 34135	_
	(City/State and Zip Code)	_
For further information concerning	g this matter, please call:	
Kenneth Ernst	at (315) 451-5885	
(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

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ARTICLE I - Name:	
The name of the Limited Liability Company	y 18:
Ultimate Property, LLC	<u> </u>
ARTICLE II - Address:	ne principal office of the Limited Liability Company
The manning address and sheet address of the	de principal office of the Enthied Exacting Company
Principal Office Address:	Mailing Address:
22050 Longleaf Trail Dr	22050 Longleaf Trail Dr
Bonita Springs, FL 34135	Bonita Springs, FL 34135
:	
:	
ARTICLE III - Registered Agent, Regist The name and the Florida street address of	ered Office, & Registered Agent's Signature: the registered agent are:
Mabel J Ewing	
N	Jame
22050 Longleaf Trail Dr	
Florida street address	s (P.O. Box <u>NOT</u> acceptable)
Bonita Springs	FLORIDA 34135
City, Si	tate, 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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

		τ ,	
ARTICLE IV- Man The name and addres	nager(s) or Man ss of each Manag	aging Member(s): ger or Managing Member is as follows:	Maria Ser Properties
<u>Title:</u>	•	Name and Address:	36 Jes.
"MGR" = Manager			1000
"MGRM" = Managir	ng Member		Phon
			45
MGRM	;	Robert A Abadie	
	•	22050 Longleaf Trail Dr	
		Bonita Springs, FL 34135	
		·	
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	;		
			
			
(Use attachment if ne	ecessary)		-
(

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.)

Robert A Abadie Jr

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)