

L04000070457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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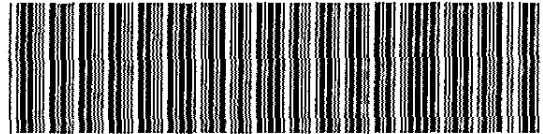
(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 904159 4327236

AUTHORIZATION :

Patricia Piquito

COST LIMIT : \$ 125.00

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TALLAHASSEE, FLORIDA

ORDER DATE : September 28, 2004

ORDER TIME : 11:02 AM

ORDER NO. : 904159-005

CUSTOMER NO: 4327236

CUSTOMER: Ms. Shelley L. Clifford
Gardner Carton & Douglas LLP

Suite 3700
191 North Wacker Drive
Chicago, IL 60606-1698

DOMESTIC FILING

NAME: DREAM HARBORS SCORPION LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dream Harbors Scorpion LLC

ARTICLE II - Address:

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

Principal Office Address:

909 10th Street South, Suite 105

Naples, FL 34102

Mailing Address:

909 10th Street South, Suite 105

Naples, FL 34102

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

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

John C. Swanson

Name

909 10th Street South, Suite 105

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

Naples

FLORIDA 34102

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..

John C. Swanson

By:

Registered Agent's Signature

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

909 10th Street South, Suite 105
Naples, FL 34102

[illegible]

REQUIRED SIGNATURE

(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.)

Typed or printed name of signer

\$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)