

L04 0000 76248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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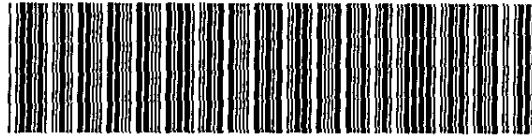
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Office Use Only

W04-37195



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10/17/04--01020--009 **100.00

10/21/04--01003--010 **25.00

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

04 OCT 20 AM 10:53

FILED

PORTER WRIGHT MORRIS & ARTHUR LLP

Attorneys & Counselors at Law

Jeffrey S. Kannensohn
239-593-2957
jkannensohn@porterwright.com

5801 Pelican Bay Boulevard
Suite 300
Naples, Florida 34108-2709

Facsimile: 239-593-2990
Toll Free: 800-876-7962

October 4, 2004

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: VK Cape Coral LLC

Dear Sir/Madam:

Enclosed you will find a transmittal letter and Articles of Organization for Florida Limited Liability Company, together with a check in the amount of \$100.00 in payment of the filing fee.

Sincerely,


Jeffrey S. Kannensohn

JSK:csm

Enclosures

cc: Anthony G. Franda

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04 OCT 20 AM 10:53
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VK Cape Coral 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:

Anthony G Franda
(Name of Person)

VK Development Corporation
(Firm/Company)

19275 W Capitol Drive Ste 100
(Address)

Brookfield, WI 53045
(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony G Franda at (262) 790-6000
(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

RECEIVED
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 8, 2004

ANTHONY G. FRANDA
19275 W CAPITOL DRIVE STE. 100
BROOKFIELD, WI 53045

SUBJECT: VK CAPE CORAL LLC
Ref. Number: W04000037195

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04 OCT 20 AM 10:53
TALLAHASSEE, FLORIDA

We have received your document for VK CAPE CORAL LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 004A00058431

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

VK Cape Coral LLC

ARTICLE II - Address:

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

Principal Office Address:

19275 W. Capitol Dr. Ste 100

Brookfield, WI 53045

Mailing Address:

19275 W. Capitol Dr. Ste 100

Brookfield, WI 53045

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TALLAHASSEE, FLORIDA

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

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

Jeffrey Kannensohn, Esq. Porter Wright Morris Arthur

Name

5801 Pelican Bay Blvd Ste 300

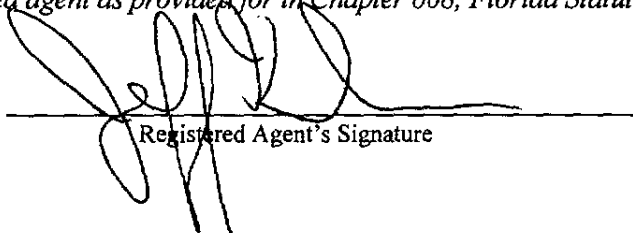
Florida street address (P.O. Box **NOT** acceptable)

Naples

FLORIDA 34108-2709

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..



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:

MGRM _____

Vincent Kuttemperoor _____

4151 Gulf Shore Boulevard Unit 1503 _____

Naples, FL 34102 _____

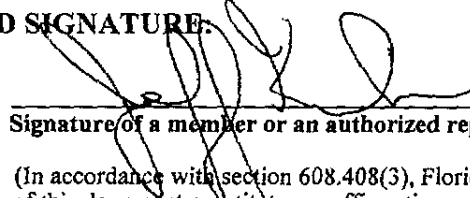
(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

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

REQUIRED SIGNATURE:

 *authorized representative*
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.)

Jeffrey Kannensohn, Esq. _____

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)