

Florida Department of State

Division of Corporations Public Access System

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LIMITED LIABILITY COMPANY

Captiva Vacations In Paradise LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name

The name of the Limited Liability Company	is: Captiva Vacations In Paradise LLC
ARTICLE II - Address The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7873 Go Canes Way	7873 Go Canes Way
Fort Myers, FL 33912	Fort Myers, FL 33912
ARTICLE III - Registered Agent, I The name and Florida street address of the r	
	Mark Hullstrung
	Name
	7873 Go Canes Way
	(P.O. Box or Mail Drop Box NOT Acceptable)
	Fort Myers, FL 33912
	(City/State/Zip)
at the place designated in this certificate, capacity. I further agree to comply with ti	ind to accept service of process for the above stated limited liability company I hereby accept the appointment as registered agent and agree to act in this the provisions of all statutes relating to the proper and complete performance accept the obligations of my position as registered agent as provided for in
Registe	Mark Hellatonen ereg Agent's Signature - Mark Hullstrung

ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: <u>Title:</u> Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Mark Hullstrung-7873 Go Canes Way, Fort Myers, FL 33912 MGRM Antonia Hullstrung-7873 Go Canes Way, Fort Myers, FL 33912 (Use attachment if necessary) REQUIRED SIGNATURE: Signature of a member or 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.) Mark Hullstrung Typed or printed name of signee