

L04000081226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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FILED RECEIVED
04 NOV -9 PM 4:11 04 NOV -9 PM 12:24
STATE OF FLORIDA
TALLAHASSEE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

FILED
04 NOV -9 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- FOUNTAIN MOTEL HOLDINGS, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION OF
FOUNTAIN MOTEL HOLDINGS, LLC.
a Florida Limited Liability Company**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I
Name**

The name of the Limited Liability Company (hereinafter referred to as the "Company") is:
Fountain Motel Holdings, LLC

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Company is: 5498
Governor Drive, Ft. Myers, Florida 33907.

**ARTICLE III
Duration**

The period of duration for Company shall be perpetual.

**ARTICLE IV
Management**

The Company is to be a manager-managed company.

**ARTICLE V
Registered Agent and Office**

The name of the Company's initial registered agent in Florida is: Stanley Lieberfarb; and
the address of the Company's registered agent in Florida is: 1100 Fifth Avenue South, Suite 405
Naples, Florida 34102.

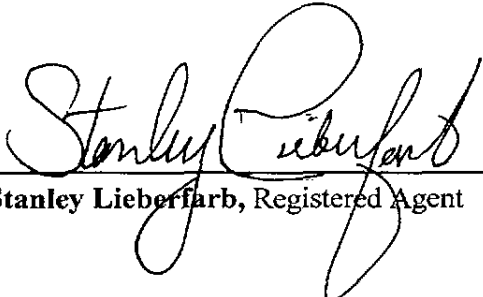
IN WITNESS WHEREOF, I have signed these Articles and acknowledged them to be my
act this 8 day of November, 2004.


Stanley Lieberfarb, Member

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above-stated limited liability company, at the place designated in Article V of these Articles of Organization, the undersigned party hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of his duties.

Dated this 8 day of November, 2004.


Stanley Lieberfarb, Registered Agent