

LD4000085344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

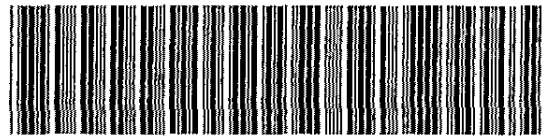
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(Document Number)

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TALLAHASSEE, FLORIDA

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**DICKINSON & GIBBONS, P.A.**  
ATTORNEYS AT LAW

*Established 1937*

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November 18, 2004

via UPS overnight

1Z 42A 04F 01 4095 7199

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

Re: Cape Forchu Hideaway, LLC

Dear Sirs:

Enclosed please find an original and one copy of the completed Articles of Organization and check for \$130.00 representing your filing fee. Please expedite this request to open a limited liability corporation.

Thank you. Please call with any questions concerning the enclosed application.

Very truly yours,

A. JAMES ROLFES

AJR/lb

enc.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cape Forchu Hideway, L.L.C.  
(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 J. Rolfes

(Name of Person)

Dickinson & Gibbons, P.A.

(Firm/Company)

1750 Ringling Blvd.

(Address)

Sarasota, Florida 34236

(City/State and Zip Code)

For further information concerning this matter, please call:

James Rolfes

(Name of Person)

at ( 941 )

366-4680

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee &<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|---|--|

**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

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TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Cape Forchu Hideaway, L.L.C.

### ARTICLE II - Address:

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

#### Principal Office Address:

1750 Ringling Blvd., Sarasota, FL 34236

#### Mailing Address:

same

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

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

Anthony James Rolfes

Name

1750 Ringling Blvd

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

Sarasota, FL 34236

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, F.S.*

Registered Agent's Signature

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TALLAHASSEE, FLORIDA  
JAN 11 2007  
9:04 AM

(CONTINUED)

**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:**

MGR

Anthony J. Rolfes

1750 Ringling Blvd.

Sarasota, Florida 34236

MGRM

David Klein

640 S. Washington Blvd., Suite 100

Sarasota, Florida 34236

MGRM

Walter Bailey

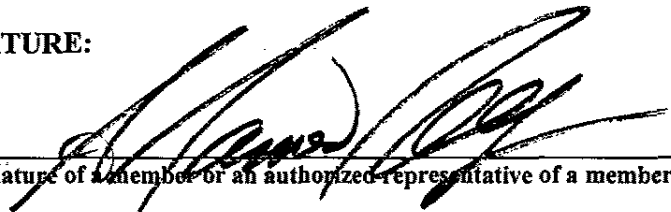
305 N. 6th Avenue

Wauchula, Florida 33873

(Use attachment if necessary)

**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.)

Anthony James Rolfes

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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TALLAHASSEE, FLORIDA

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