Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0363

Prom:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)222-9428

## LIMITED LIABILITY COMPANY

Bonita Court, Naples, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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COMPORATE PRINCE

J. BRWAN JAN - 7 265

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ARTICLES OF ORGANIZATION	FOR FLORIDA LIMITED LIABILITY (	OMPANY
ARTICLE I - Name: The name of the Limited Liability Con	mpany is:	A SKI CO
Bonita Court, Naples, LLC		02/0
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability C	Company is:
Principal Office Address:	Mailing Address:	
9150 Galleria Court, Suite 100	9150 Galleria Court, Suite 100	<u>.                                    </u>
Naples, FL 34109	Naples, FL 34109	
The name and the Florida street addres	ss of the registered agent are:  Corporation System	1,
	Name	
1200	South Pine Island Road	
Florid	a street address (P.O. Box <u>NOT</u> acceptable)	
Plan	ntarion, Florida 33324	
C	ity, State, and Zip	
liability company at the place design registered agent and agree to act in thi statutes relating to the proper and con accept the obligations of my positio	m and to accept service of process for the above sta nated in this certificate, I hereby accept the appoin is capacity. I further agree to comply with the prov mplete performance of my duties, and I am familian on as registered agent as provided for in Chapter 60 T Corporation System	tment as risions of all r with and
ለ . ብ	ayon Special Asst. Sec	_
Commis D Regi	stered Agent's Signatule	<b></b> •

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	THE WAY
MGRM	Mark R. Chaney 9150 Galleria Court	- Total
	Naples, FL 34109	

Signature of a member or an authorized representative of a member.

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

(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.)

Mary Ellen O'Dell Schantz, Authorized Representative
Typed or printed name of signee

## Filing Foes:

REQUIRED SIGNATURE:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2