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## TRANSMITTAL LETTER

TO: Registration Division of	Corporations		
$\alpha$	ta Gorda Inve	estors at Bella d Liability Company)	Lago Harbor,
The enclosed Articles	s of Organization and fee(s) are s	ubmitted for filing.	
Please return all corre	espondence concerning this matte	er to the following:	
	Paul Franson		<u> </u>
•	(I	name of Person)	
1	O. Dl.	Firm/Company)	
	(	Firm/Company)	<u> </u>
	SO S. Universi	Ay Dine Su (Address)	ite C
	Plantation, Fo	(Address)	<del>/</del>
	(City/	State and Zip Code)	1
For further information	on concerning this matter, please	call-	1
Raul Fran		at ( 954) Y72 (Area Code & Daytime To	2-5/44 elephone Number)
Enclosed is a check	for the following amount:		
		■ ALEE AN DIV. D. A.	<b>7</b> 4.40 00 PW -
\$125.00 Filing Fe	e	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:		MAILING A	DDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# The name of the Limited Liability Company is: Punt Gorda Investors at Bella hago Harbor, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

**ARTICLE I - Name:** 

Principal Office Address:	Mailing Address:
Ledger Plus	SAME
150 S. University Dr. Ste	
Plantation PZ 33324	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:

Paul Franson

150 S. University Drive, Suite

Plan tuton, FL 33324

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 fagisteled agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows:			
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Paul Franson 150 S. University Drike, Suite		
MGRM	Bruce Procter 10400 Taff Street Pembroke Piner, FZ 33026		
MGRM	Arthur Colson 1351 NW 23rd Street Plantation, FL 33323		

(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.)

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)