

L05000012718

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-0925

RECEIVED
05 FEB -7 AM 11:46
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Casa Dolphin Enterprises, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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confirmation
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TALLAHASSEE, FLORIDA

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Confirmation Report - Memory Send

Time : Jan-27-2005 03:07pm
 Tel line : 302-575-0925
 Name : DAVID WILLIAMS LAW FIRM PA

Job number : 470
 Date : Jan-27 03:05pm
 To : 918502050383
 Document pages : 002
 Start time : Jan-27 03:06pm
 End time : Jan-27 03:07pm
 Pages sent : 002
 Status : OK

Job number : 470
 Division of Corporations

*** SEND SUCCESSFUL ***

Page 1 of 1

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To: Division of Corporations
 Fax Number : (850) 205-0383

From: Account Name : MUMFIS AND CORPORATIONS, INC
 Account Number : 120010000112
 Phone : (302) 575-0875
 Fax Number : (302) 575-0925

LIMITED LIABILITY COMPANY

Casa Dolphin Enterprises, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I – Name:**

The name of the Limited Liability Company is: **Casa Dolphin Enterprises, LLC**

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is: **9590 Riverview Dr., Micco, FL 32976**

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

**Agents and Corporations, Inc.
Suite E, 773 4th Avenue North
Naples, FL 34102**

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.

Stephanie Hernandez
Registered Agent's Signature

ARTICLE IV – Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

ARTICLE V – Manager/Member(s):

The Initial Manager(s)/Member(s) of the Limited Liability Company shall be:
**Jeff Burling
9590 Riverview Dr.
Micco, FL 32976**

J. Burling
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.)

Jeff Burling
Typed or printed name of signee

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