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(Address)	10004
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)  Certified Copies Certificates of Status	02/08/05
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WD 7437

# TRANSMITTAL LETTER

Division of Cor			
SUBJECT: Fields Par	rtners LLC		
	(Name of Limited	Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
Meghan l	R Monroe		
		(ame of Person)	<del></del>
	(1	irm/Company)	
1290 Grand	Isle Court		
1250 Grand	1010 00011	(Address)	<del></del>
Naple	s, FL 34108		
	(City/	State and Zip Code)	- <del></del>
For further information of	concerning this matter, please of	call:	
Meghan R Monroe		at ( 239 ) 566-2478	
	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check fo	r the following amount:		
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ET ADDRESS: ration Section	MAILING A Registration S	

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

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 11, 2005

MEGHAN R MONROE 1290 GRAND ISLE COURT NAPLES, FL 34108

SUBJECT: FIELDS PARTNERS LLC

Ref. Number: W05000007437

We have received your document for FIELDS PARTNERS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 505A00009886

Michelle Hodges Document Specialist

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lim	e: nited Liability Com	pany is:		
Fields Partners LLC				
ARTICLE II - Add		of the principal office of the Limited Li	ahilitu Comr	anaz io:
The maining address	and street address t	of the principal office of the Limited Li	aomiy Comp	Jany 15.
Principal Office Ad	dress:	<b>Mailing Address:</b>		
1290 Grand Isle Court	:	1290 Grand Isle Court		
Naples, Florida 34108		Naples, FL 34108		
_	<del>-</del>	gistered Office, & Registered Agent's of the registered agent are:	5 Tr	
The name and the Fl	<del>-</del>		s Signature:	
The name and the Fl	orida street address		True Pro	
The name and the Flow	orida street address	of the registered agent are:  Name	5 THE COLUMN TO	Pil Q
The name and the Flow	orida street address Meghan R Monroe 1290 Grand Isle Cour	of the registered agent are:  Name	STORE CO.	7 P
The name and the Florida	orida street address Meghan R Monroe 1290 Grand Isle Cour	of the registered agent are:  Name	STORE CO.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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

(CONTINUED)

# ARTICLE IV: Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Meghan R Monroe 1290 Grand Isle Court Naples, FL 34108
See attachment for	list of Managing Members
(Use attachment if necessary)	
NOTE: An additional article must l	be added if an effective date is requested.
REQUIRED SIGNATURE:	
169	or an authorized representative of a member.
of this document constite that the facts stated he	
- ICE, Typ	ed 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)

	ADDEMD	UM TO AR	TICLES OF	ORGANIZ	ATION & C	PERATIN	G AGREEN	IENT	
	FIELDS PARTNERS LLC								
<b>M</b> anaging	Members								
<del>-</del>									
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	225 Burns		]						
	Elyria, Ohi	io 44036							[
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