

MAR-18-2005 02:22pm

From-DAVID WILLIAMS LAW FIRM PA

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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 : T20010000112  
Phone : (302)575-0875  
Fax Number : (302)575-0925

RECEIVED  
05 MAR 18 PM 2:41  
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

Mosquito Lagoon Fish Camp LLC

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

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TALLAHASSEE FLORIDA

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2A

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is: Mosquito Lagoon Fish  
Camp LLC

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the  
Limited  
Liability Company is: 4518 Saxon Dr., New Smyrna, FL 32169

**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 4<sup>th</sup> 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.

  
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) of the Limited Liability Company shall be

Robert Brian Clancy  
4518 Saxon Drive  
New Smyrna Beach, FL 32169

Kathryn Clancy  
4518 Saxon Drive  
New Smyrna Beach, FL 32169

  
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.)

Robert B. Clancy  
Typed or printed name of signer

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