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2005 APR 18 PM 12:45  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

APR 21 2005

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STRAWBERRY HILL, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS J. ROBINSON  
(Name of Person)

(Firm/Company)

28464 Del Lago Way  
(Address)

Bonita Springs, FL 34135  
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS J. ROBINSON at ( 239 ) 947-2459  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

STRAWBERRY HILL, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

28464 Del Lago Way  
Bonita Springs, FL 34135

**Mailing Address:**

28464 Del Lago Way  
Bonita Springs, FL 34135

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

THOMAS J. ROBINSON

Name

28464 Del Lago Way

Florida street address (P.O. Box **NOT** acceptable)

Bonita Springs, FL 34135

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 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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

THOMAS J. ROBINSON  
28464 DEL LAGO WAY  
BONITA SPRINGS, FL 34135

MGRM

JOY LYNN ROBINSON  
28464 DEL LAGO WAY  
BONITA SPRINGS, FL 34135

MGRM

MELISA GIOVANNELLI  
5083 LEXINGTON BLVD.  
FORT MYERS, FL 33919

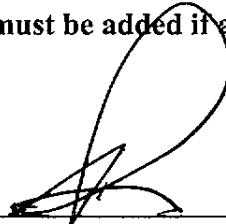
SEE ATTACHMENT

SEE ATTACHMENT

(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.)

THOMAS J. ROBINSON

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)**

Attachment for: ARTICLE IV- Manager(s) Member(s):

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

Title:

Name and Address:

MGRM

CRAIG GIOVANNELLI  
5083 LEXINGTON BLVD  
FORT MYERS, FL 33919

MGRM

HOPE VIOLA  
1225 SE 39<sup>TH</sup> TERRACE  
CAPE CORAL, FL 33904

MGRM

JOHN OSBRINK  
1535 AVALON PLACE  
FORT MYERS, FL 33901

MGRM

LUIGI CIUFFETELLI  
519 FARADAY RD.  
HOCKESSIN, DE 19707

MGRM

MICHAEL CUIFFETELLI  
14830 CRYSTAL COVE CT. #604  
FORT MYERS, FL 33919

MGRM

MICHELLE CUIFFETELLI  
14830 CRYSTAL COVE CT. #604  
FORT MYERS, FL 33919

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