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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: RONEY LLC		
(Name of Lim	ited Liability Company)	
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
JOSEPH WILLOUGHBY		
	(Name of Person)	
	(Firm/Company)	·····
11280 COMPASS POINT DRIVE		36 3
7.200 001111 7.001 01111 511112	(Address)	APR
FT MYERS FL 33908		05 APR 19 \$1110: 0
(C	ity/State and Zip Code)	——————————————————————————————————————
For further information concerning this matter, plea	se call:	
SHELLY WELLMAN (Name of Person)	at (239 931-3330 (Area Code & Daytime To	elephone Number)
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee □ \$130.00 Filing Fee Certificate of Status	& S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: RONEY LLC			
Principal Office Address:	Mailing Address:		
11280 COMPASS POINT DRIVE FT MYERS FL 33908	11280 COMPASS POINT DRIVE FT MYERS FL 33908		
ARTICLE III - Registered Agent, Register The name and the Florida street address of t		ignature:	
JOSEPH WILLOUGHBY		7 6	
Ni	ame	三	
11280 COMPASS POINT DRIVE		37	
Florida stree	t address (P.O. Box NOT acceptable)	10	
FT MYERS 3308	FI.	9 7	
City, Sta	ate, and Zip	1 SS 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r	in this certificate, I hereby accept the activ. I further agree to comply with the performance of my duties, and I am fo	appointment as ne provisions of all amiliar with and	

(CONTINUED)

Page 1 of 2

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	Name and Address: er	
"MGRM" = Managing M	lember	
MGR	JOSEPH WILLOUGHBY 11280 COMPASS POINT DRIVE FT MYERS FL 33908	
MGRM	JOSEPH R GAETA 2261 MAIN STREET FT MYERS FL 33901	
(Use attachment if necess	ary)	
NOTE: An additional a	rticle must be added if an effective date is requested	
REQUIRED SIGNATU Signatur (In according this do that the	•	
Filing Fees: \$125.00 Filing Fee for Ar of Registered Ag \$ 30.00 Certified Copy (6) \$ 5.00 Certificate of Sta	Optional)	

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