

L05000054503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

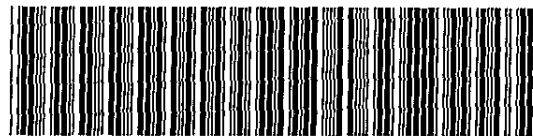
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MJH

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARCO ALGONQUIN 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:

PETER E. Kirn

(Name of Person)

MARCO ALGONQUIN LLC

(Firm/Company)

372 Live Oak Lane

(Address)

Marco Island, Florida 34145

(City/State and Zip Code)

For further information concerning this matter, please call:

Herbert J. Buck, Accountant
5405 Jaeger Rd.

Naples, FL 34109

at (

239

514-4244

) (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 &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MARCO ALGONQUIN LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

29 Algonquin Court
Marco Island, Florida 34145

29 Algonquin Court
Marco Island, Florida 34145

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

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

PETER E. KIRN

Name

372 Live Oak Lane

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

Marco Island FL 34145

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

Sascha Eske

16 Highwood Terr

Glen Rock, NJ 07452

MGR

Peter E. Kirn

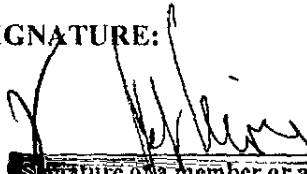
372 Live Oak Lane

Marco Island, Fl 34145

(Use attachment if necessary)

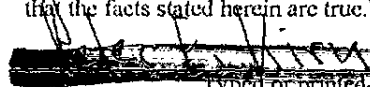
NOTE: An additional article must be added if an effective date is requested.

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.)



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)

STATE OF *Florida*
COUNTY OF *Collier*

The foregoing instrument was acknowledged before me this 25th day of May, 2005, by
PETER E. KIRN, who is personally known to me or who has produced his Driver
License as identification.

My commission expires:



Susan M. Willingham
My Commission DD228773
Expires July 02, 2007

Susan M. Willingham
NOTARY PUBLIC

SUSAN M. WILLINGHAM
Printed name