

LOS000064441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

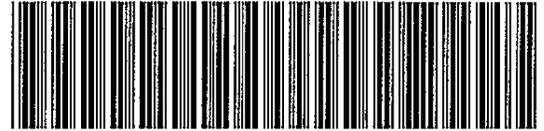
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

gm

Office Use Only



700056331707

06/22/05--01021--002 \*\*125.00

**FILED**  
05 JUN 22 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**BRADLEY W. HOGREVE, P.A.**  
ATTORNEY AT LAW  
A PROFESSIONAL ASSOCIATION

100 Wallace Avenue, Suite 310  
Sarasota, Florida 34237-6043

Telephone (941) 951-7700  
Facsimile (941) 951-7789

BRADLEY W. HOGREVE  
Board Certified Real Estate Attorney

www.sarasota-attorney.com

June 21, 2005

Secretary of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**VIA FEDERAL EXPRESS**

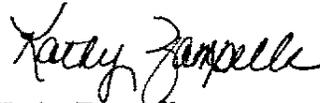
Re: 1729 NORTHGATE ENTERPRISES, LLC

Dear Sir/Madam:

Enclosed you will find Articles of Organization for the above referenced Limited Liability Company along with our check in the amount of \$125.00. Please forward the confirmation letter to our office in the enclosed Federal Express envelope.

If you have any questions, please do not hesitate to call me.

Sincerely,



Kathy Zampella  
Legal Assistant

klz  
Enclosures

05 JUN 22 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: 1729 NORTHGATE ENTERPRISES, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1729 Northgate Blvd.  
Sarasota, FL 34234

**Mailing Address:**

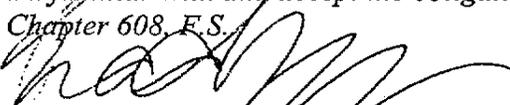
1729 Northgate Blvd.  
Sarasota, FL 34234

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

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

Bradley W. Hogleve  
100 Wallace Avenue, Suite 310  
Sarasota, FL 34237

*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.*

  
\_\_\_\_\_  
Bradley W. Hogleve, Registered Agent

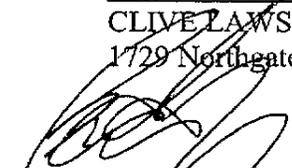
**ARTICLE IV - Manager(s) or Managing Member(s):**

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

**Title:**  
MGRM

**Name and Address:**

CLIVE LAWSON  
1729 Northgate Blvd., Sarasota, FL 34234

  
\_\_\_\_\_  
BRADLEY W. HOGLEVE, authorized representative

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 JUN 22 AM 11:38

FILED

(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.)