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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: 1890 Faust Drive, 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:

Debbie Stokes

(Name of Person)

Integra Realty REsources

(Firm/Company)

 4795 Enterprise Avenue

 (Address)

 Naples, FL 34104-7042

 (City/State and Zip Code)

 For further information concerning this matter, please call:

Debbie Stokes at (239) 643-6888 xt202 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

Image: StatusImage: StatusImage: StatusImage: Status

□ \$155.00 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 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:

1890 Faust Drive, LLC

ARTICLE II - Address:

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

Mailing Address:

4795	Enterp	rise Avenue	
Napl	es, FL	34104-7042	

4795 E	Interp	rise Avenue	
Naples	, FL	34104-7042	_

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

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

Julian Stokes	· .		
Name	TAL	05	
4795 Enterprise Avenue	N	5	-
Florida street address (P.O. Box NOT acceptable)		1	* [
Naples FL 34104-7042	SSE	<u> </u>	Ministerator Printanenas
City, State, and Zip	<u> </u>	P	

Having been named as registered agent and to accept service of process for the above stated limited in liability company at the place designated in this certificate, I hereby accept the appropriate registered agent and agree to act in this capacity. I further cgree 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)

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>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Julian Stokes
	4795 Enterprise Avenue
	<u>Naples, FL 34104-7042</u>
MGRM	Debbte Stokes
	4795 Enterprise Avenue
	Naples, FL 34104-7042
MGRM	John Cauthen
	4353 Michigan Link
	Fort Myers, FL 33916
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	<u>, , , , , , , , , , , , , , , , , , , </u>
	<u> </u>

(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.) Julian Stokes 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)