

08/02/2005 10:31 FAX 2159779386

M. BURR KEIM COMPANY

001/003

Division of Corporations

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Florida Department of State  
Division of Corporations  
Public Access System

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Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

M. HODGES

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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : M. BURR KEIM COMPANY  
Account Number : I19990000242  
Phone : (215) 563-8113  
Fax Number : (215) 977-9386

RECEIVED

05 AUG -2 AM 11:20

DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

Bajan Realty, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

05 AUG -2 PM 1:11

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Bajan Realty, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**28425 Via Odanti Drive  
Bonita Springs, FL 34135**Mailing Address:**28425 Via Odanti Drive  
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:

Cynthia L. Martin

Name

28425 Via Odanti DriveFlorida street address (P.O. Box **NOT** acceptable)Bonita SpringsFL 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..*

X Cynthia L. Martin  
Registered Agent's Signature

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**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

Norman H. Martin

**28425 Via Odanti Drive**

**Bonita Springs, FL 34135**

**MGRM**

**Cynthia L. Martin**

28425 Via Odanti Drive

**Bonita Springs, FL 34135**

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

X Cynthia L. Martini  
Signature of a Member or an authorized representative

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.)

**Cynthia L. Martin**

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)

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