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WS-16054

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TB Enterprizes of Naples UC (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:			
(Firm/Company)			
12171 Colliers Reserve Drive			
Naples F1 34110 (City/State and Zip Code)			
For further information concerning this matter, please call:  at (239) (Name of Person)  at (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & Certificate of Status □ \$155.00 Filing Fee & Certificate of Status □ \$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

The name of the Limited Liability Company is:	
JiB Enterprizes of Naples UC	_
ARTICLE II - Address:	

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

Principal Office Address:

Mailing Address:

	<del></del>
9240 Bonita Beach Rd Svite 1105 Bonita Springs, Fl 34135	12171 Colliers Reserve Drive No ples, Fl 34110
Brnita Sovings, F1 34135	Na Dies Fl 34110

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

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

**ARTICLE I - Name:** 

Name

Name

| Dans A Barthe|
| Name

| Dans A Barthe|
| Name
| Name | Drive |
| Florida street address (P.O. Box NOT acceptable)
| Name | Drive |
| 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	James A Barthel 12171 Colliers Reserve Drive Naples, Fl 34110
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(Use attachment if necessary)	added if an effective date is requested.
MI auditional afficie must be	auteu is an effective unit is requested.
REQUIRED SIGNATURE:	a A Barthel
Signature of a member or	r an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated herei	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)
Ja	mes A Barthel or printed name of signee
Typea	or printed name or 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)