

L050000 80549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

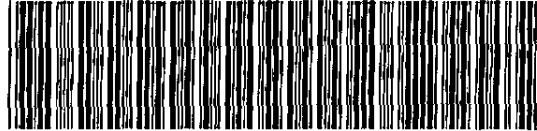
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300058425513

08/15/05--01041--024 **125.00

FILED

05 AUG 15 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/16/05
[Signature]

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GULF COAST PARADISE RENTALS 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:

NANCY HAMM-JOHNSON
(Name of Person)

(Firm/Company)

2710 DEL PRADO BLVD., STE. 2-212
(Address)

CAPE CORAL, FL 33904
(City/State and Zip Code)

SECTION OF STATE
TALLAHASSEE, FLORIDA

05 AUG 15 AM 11:29

FILED

For further information concerning this matter, please call:

NANCY HAMM-JOHNSON at (239- 425-2537)
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of 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:

GULF COAST PARADISE RENTALS LLC

ARTICLE II - Address:

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

Principal Office Address:

2710 DEL PRADO BLVD., STE. 2-212
CAPE CORAL, FL 33904

Mailing Address:

2710 DEL PRADO BLVD., STE. 2-212
CAPE CORAL, FL 33904

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

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

NANCY HAMM-JOHNSON

Name

2710 DEL PRADO BLVD., STE. 2-212

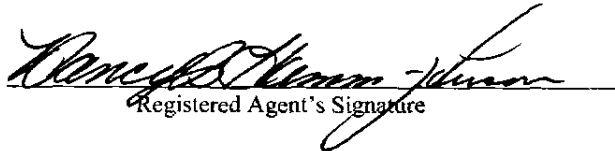
Florida street address (P.O. Box **NOT** acceptable)

CAPE CORAL, 33904

FL

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

8-8-05

SECRET
OFFICE OF STATE
TALLAHASSEE, FLORIDA

05 AUG 15 AM 11:29

FILED

(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:

MGR _____

DONALD E. HAMM-JOHNSON

2710 DEL PRADO BLVD., STE. 2-212

CAPE CORAL, FL 33904

MGR _____

NANCY HAMM-JOHNSON

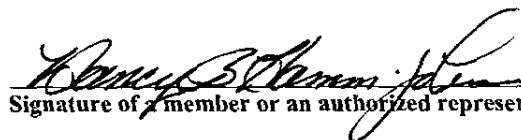
2710 DEL PRADO BLVD., STE. 2-212

CAPE CORAL, FL 33904

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

 8-8-05
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.)

NANCY HAMM-JOHNSON

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 AUG 15 AM 11:29

FILED