# L05000083639

2095 JUG 19 P 1: 21 SECRETARY OF STATE (Requestors Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT (Business Entity Name) (Document Number) Certified Copies \_\_\_\_\_ Certificates of Status\_ Special Instructions to Filing Officer: AL





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### SARASOTA HOLDING COMPANY, LLC

2125 West Washington Street West Bend, WI 53095

TEL (262) 334-4444

FAX (262) 306-2880

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SECRETARY OF STATE

August 18, 2005

Florida Division of Corporations Attn: Registration Section 409 E. Gaines Street Tallahassee, FL 32399

Re: Sarasota Holding Company, LLC

Dear Sir or Madam:

Enclosed herewith please find the following documents relative to the formation of Sarasota Holding Company, LLC:

- 1. Transmittal Letter (original and one copy).
- 2. Articles of Organization (original and one copy).
- 3. Check in the sum of \$160.00 in payment of the filing fee, Certificate of Status, and certified copy of the articles.

Please file these documents at your earliest convenience and return the requested information to this office as soon as possible. A self-addressed, stamped envelope has been enclosed for your convenience.

Should you have any questions regarding the enclosed, please do not hesitate to contact me.

Very truly yours,

SARASOTA HOLDING COMPANY, LLC

By: Premier Communities, LLC

Michael P. Hickmann,

Manager

MPH/sm Enclosures

#### TRANSMITTAL LETTER

(Name of Limited Liability Company)

FILED

TO: Registration Section Division of Corporations SUBJECT: Sarasota Holding Company, LLC

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The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael P. Hickmann		
	(Name of Person)	<del></del>
Sarasota Holding Company, LLC		
	(Firm/Company)	
2125 W. Washington Street		
	(Address)	
West Bend, WI 53095		_
	(City/State and Zip Code)	

For further information concerning this matter, please call:

Michael P. Hickmann

(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

# FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY SECRETARY OF STATE

ARTICLE I - Name:	TALLAHASSEE, FLORIDA	
The name of the Limited Liability Company is:		
Sarasota Holding Company, LLC		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
127 58th Street East	2125 W. Washington Street	
Palmetto, FL 34221	West Bend, WI 53095	
The name and the Florida street address of the re Michael P. Hickmann	egistered agent are:	
Name		
127 58th Street East		
Florida street add	ress (P.O. Box NOT acceptable)	
Palmetto, FL 34221	FL	
City, State, a	nd Zip	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S	

(CONTINUED)

Registered Agent's Signature

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

FILED

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

The final water appearance of enterin in terms	Ser of Managing Member is as follows		1365
<u>Title:</u> "MGR" = Manager	Name and Address:	ZOOS AUG 19 P JECRETARY OF S TALLAHASSEE, FL	1:21
"MGRM" = Managing Member		TALL SHIRRY OF S	Tare
		THE SEE, FL	ÓRÍTA
MGR	Premier Communities, LLC		· · · · · · ·
	2125 W. Washington Street		
	West Bend, WI 53095		
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		181.G.	
(II			
(Use attachment if necessary)			
NOTE: An additional article must	t be added if an effective date is reque	ested.	
REQUIRED SIGNATURE:			
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.)

Michael P. Hickmann

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)