# L05000083200

(Requestor's N	lame)
(Address)	
(Address)	
(City/State/Zip.	/Phone #)
PICK-UP WA	AIT MAIL
(Business Enti	ity Name)
(Document Nu	imber)
Certified Copies Certi	ificates of Status
Special Instructions to Filing Office	er:

Office Use Only



400058716744

08/19/05--01046--013 \*\*125.00

OS AUG 19 PM 12: 58
SEURING SEEL FLORIDA

W-08/23/05

4/

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Driftwood leasing Company, 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:	
Craig Harelett (Name of Person)	
Driftwood leasing Company, LLC	
5051 N Tamiami Trail Bo Si (Address)	A STATE OF
Naples FL 34103 (City/State and Zip Code)  (City/State and Zip Code)	
For further information concerning this matter, please call:	: 1945
Craig Hazelett at (A39) AU - 03A8 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee See Sertificate of Status    Status	

## 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:	
Driftwood leasing (	Company, LLC
ARTICLE II - Address: The mailing address and street address of the prir	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5051 N Tamiami Trail Naples FC 34103	Same De T
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the reg	gistered agent are:
208 Mortere Florida street addre	A Drive ess(P.O. Box <u>NOT</u> acceptable)
Naples City, State, an	FL 34119 d 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..

Crains Hay Use 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:

MGRM  Craig Hazelett  208 Monterey Drive  Naples FC 34119  MGR  MGR  MGR  MGR  MGR  MGR  MGR  MG
Igo Cajerat Drive   Naples FL 34108     Maples FL 34108     Maples FL 34100     Maples FL 34100     Maples FL 34100     Maples FL 34110     Mapl
MARS FL 34110  MARS FL 34110  David LeMant—  445 Palm River Blvd  Naples FL 34110  (Use attachment if necessary)  NOTE: An additional article must be added if an effective date is requested.
(Use attachment if necessary)  NOTE: An additional article must be added if an effective date is requested.  REQUIRED SIGNATURE:
NOTE: An additional article must be added if an effective date is requested.  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
(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.)
Typed or printed name of signlee

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)