

L05000086172

(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



600059022466

08/30/05--01041--018 \*\*160.00

FILED  
2005 AUG 30 PM 1:06  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN AUG 31 2005

**SARASOTA HOLDING COMPANY, LLC**

2125 West Washington Street  
West Bend, WI 53095

TEL (262) 334-4444

FAX (262) 306-2880

August 29, 2005

FILED  
2005 AUG 30 PM 1:06  
FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**Via Federal Express**

Re: Friendship Village, LLC

Dear Sir or Madam:

Enclosed herewith please find the following documents relative to the formation of Friendship Village, 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,

**FRIENDSHIP VILLAGE, LLC**

By: Sarasota Holding Company, LLC



Michael P. Hickmann,  
Manager

MPH/eah  
Enclosures

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Friendship Village, 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:

Michael P. Hickmann  
(Name of Person)

Friendship Village, 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 at ( 262 ) 334-4444  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
2005 AUG 30 PM 1:06  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Friendship Village, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

127 58th Street East  
Palmetto, FL 34221

**Mailing Address:**

2125 W. Washington Street  
West Bend, WI 53095

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

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

Michael P. Hickmann

Name

127 58th Street East

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

Palmetto, FL 34221

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

(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

Michael P. Hickmann

2125 W. Washington Street

West Bend, WI 53095

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FILED  
2005 AUG 30 PM 1:06  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Michael Hickmann  
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)**