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TRANSMITTAL LETTER

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SUBJECT:	ENARD	AND SCHILLI, LLC				<u> </u>
		(Name of Limited	Liability Con	ipany)	-	250
The enclosed A	articles of	Organization and fee(s) are su	ıbmitted for fil	ing.		INTO SEP TO JUNE OR ATIONS
Please return al	ll correspo	ondence concerning this matte	r to the followi	ng:		SEE. T
7	THOMAS	R. SCHILLI				52
_			lame of Person)			85
						₽£
		Q	Firm/Company)			
275	24 HICK	ORY BLVD				_
			(Address)			
	BONI	TA SPRINGS, FL 34134				
			State and Zip Co	ode)		
		(=- , -		,		
For further info	ormation of	concerning this matter, please	call:			
GORDON D	GULLIFO	ORD SR	at (219	, 261-2101 >	KTN 350	
OURDON'S		of Person)	(Area C	ode & Daytime Te)
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Enclosed is a	check fo	r the following amount:				
Ø \$125.00 Fil	ing Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified C	Filing Fee & oppy py is enclosed)	S160.00 I Certificate o Certified Co (additional cop	f Status & opy
	Regist Divisi	ET ADDRESS: ration Section on of Corporations Gaines Street		MAILING A Registration S Division of Co P.O. Box 632	ection orporations	

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLE I - Name:	
The name of the Limited Liability Comp	any is:
DENARD AND SCHILLI, LLC	
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
27524 HICKORY BLVD	27524 HICKORY BLVD
BONITA SPRINGS, FL 34134	BONITA SPRINGS, FL 34134
	ristered Office, & Registered Agent's Signature: of the registered agent are:
The name and the Florida street address	
The name and the Florida street address	of the registered agent are:
The name and the Florida street address of THOMAS R SCHILLI 27524 HICKORY BLVI	of the registered agent are:
The name and the Florida street address of THOMAS R SCHILLI 27524 HICKORY BLVI Florida s BONITA SPRINGS, FL	Name Ditreet address (P.O. Box <u>NOT</u> acceptable)
The name and the Florida street address of THOMAS R SCHILLI 27524 HICKORY BLVI Florida s BONITA SPRINGS, FL	Name Direct address (P.O. Box NOT acceptable)
The name and the Florida street address of THOMAS R SCHILLI 27524 HICKORY BLVI Florida s BONITA SPRINGS, FL City Having been named as registered agent liability company at the place designate registered agent and agree to act in this constantes relating to the proper and comp	Name Ditreet address (P.O. Box <u>NOT</u> acceptable)

(CONTINUED)

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

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

THOMAS R SCHILLI	
27524 HICKORY BLVD	
BONITA SPRINGS, FL 34134	
LINDA C. DENARD	
1227 HILLTOP DRIVE	
NAPLES, FL 34103	١
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st be added if an effective date is requested.	
	27524 HICKORY BLVD BONITA SPRINGS, FL 34134 LINDA C. DENARD 1227 HILLTOP DRIVE N APLES, FL 34103

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.)

THOMAS R SCHILLI

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)