

L05000106159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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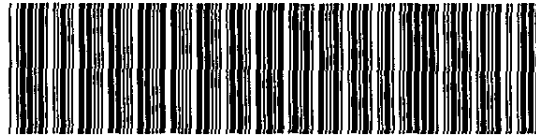
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 OCT 31 AM 9:37
STATE
TALLAHASSEE, FLORIDA

FILED
10 OCT 31 10:33
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 680807 4321999

AUTHORIZATION :

Patricia Pizuto

COST LIMIT : \$ 155.00

ORDER DATE : October 31, 2005

ORDER TIME : 2:21 PM

ORDER NO. : 680807-005

CUSTOMER NO: 4321999

FILED
05 OCT 31 AM 9:37
STATE
SECRETARY
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: COMMERCE LAKES PARTNERS, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

FILED
OCT 31 AM 9:37
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Commerce Lakes Partners, LLC

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

Principal Office Address:

Commerce Lakes Partners, LLC

12251 Towne Lake Drive

Fort Myers, Florida 33913

Mailing Address:

12251 Towne Lake Drive

Fort Myers, Florida 33913

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

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

Mr. David Tibol.

Notes

12251 Towne Lake Drive

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

Fort Myers, Florida 33913

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, Florida Statutes..

XXXXXXXXXXXXXXXXXXXX

Registered Agent's Signature

David Tibol

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:

MGRM

George Tibol

12251 Towne Lake Drive

Fort Myers, Florida 33913

MGRM

David Tibol

12251 Towne Lake Drive

Fort Myers, Florida 33913

MGRM

Robert Johnston, II

901 Dover Drive, Suite 108

Newport Beach, CA 92860

MGRM

Robert Johnston, III

14706 Osprey Point Drive

Fort Myers, Florida 34908

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

David Tibol

(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.)

xxx

David Tibol

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)