## L0500011087/

(Requestor's Name)	
(Address)	
(Äddress)	<del></del>
(City/State/Zip/Phone	⇒ #)
PICK-UP WAIT	MAIL
(Business Entity Nar	ne)
(Document Number)	<del></del>
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
	Į.

Office Use Only



600061320666

11/10/05--01018--010 \*\*155.00

JALLA (S. CORPORATIONS TALLAHASSEE, FLORIDA

NUV 1'6 2005

## ' COVER LETTER

TO: Registration Sec Division of Cor			-
SUBJECT: St	ielau Prop (Name of Limited	erties, L.L. d Liability Company)	.C.
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
John	Stielow	Name of Person)	
	(1	Name of Person)	
	(	Firm/Company)	
_3660	Fort Char	les Drive	SSE CO
Naple	S FL 3L	State and Zip Code)	PR 2: 02 PE FLORATIONS
For further information of	concerning this matter, please	call:	
John S (Name	tielow of Person)	at (239) 434 (Area Code & Daytime T	elephone Number)
Enclosed is a check fo	or the following amount:	<u></u>	
\$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)
	Mailing Address	Street/Courier Addres	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	ALLE TIL
Stielow Properties (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,"
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3660 Fort Chartes De. Naples, FL 34108	3660 Fort Charles Prive Naples, FL 34108
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	gistered agent are:
John St.	ielaw
	+ Charles Drive ess (P.O. Box NOT acceptable)
Noples City, State, an	FL 34102 d 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 peracept the obligations of my position as regist the control of the proper and complete peracept the obligations of my position as regist the control of the proper and complete peracept the obligations of my position as regist the place of the proper and complete peracept the control of the proper and complete peracept the peracept	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	re (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

"MGRM" = Managing M	viember
MGR	JOHN Stielow 3000 Fort Charles I
	Naples FL 34102
•	SSS
	THE T
	TO PARTIE TO PAR
<u> </u>	
(Use attachment if neces	ssary)
	other than the date of filing: (OPTIONAL)
LE V: Effective date, if o	
ffective date is listed, the	date must be specific and cannot be more than five business days pr
fective date is listed, the	date must be specific and cannot be more than five business days pr
fective date is listed, the days after the date of fil	date must be specific and cannot be more than five business days puling.)
	date must be specific and cannot be more than five business days puling.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)