LOS000 110876

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	***
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co			•	
SUBJECT: CAM				
	(Name of Limite	ed Liability Company)		
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.		
Please return all corresp	pondence concerning this matte	er to the following:		
Carol A.	massey			
	((Name of Person)		
CAM				
,		(Firm/Company)		
13105 V	anderbilt Dr. #30	08		
- , - w - y + , i , y , y , y , y , y , y , y , y , y		(Address)	700	0
Naples,F	Fla. 34110			. NO!
	 	/State and Zip Code)	Si	7 10
For further information	concerning this matter, please	call:	NSSEE FLORID	05 NOV 10 PM 2: 13
Carol A. Mass	ey	at (239) 254-91	55 REAL REAL REAL REAL REAL REAL REAL REAL	3
(Name	e of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for	or the following amount:			
☐ \$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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ons	

Faffahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	Limited Liability Co	mpany is:	
Cam LLC			
(Must end with the w	ords "Limited Liability Com	pany, "Limited Company" or their abbreviation "LLC,"	or "L.C.,")
ARTICLE II - The mailing add		s of the principal office of the Limited Lia	ability Company is:
Principal Offic	e Address:	Mailing Address:	
13105 Vanderbil	t Dr # 308	13105 Vanderbilt dr. #308	•
Naples, Fl. 341		Naples, FI 34110	
	an active Florida registration ne Florida street addre Carol A. Massey 13105 Vandert	ess of the registered agent are: Name	OS NOV 10 PM 2: SECREPAY OF STATE
	Flori	da street address (P.O. Box NOT acceptable)	1551 15. 1
	Naples	FI. 34110	
	(City, State, and Zip	- ω
liability com registered agen statutes relativ	pany at the place design t and agree to act in the ng to the proper and co bligations of my position	ent and to accept service of process for the a gnated in this certificate, I hereby accept the his capacity. I further agree to comply with complete performance of my duties, and I am on as registered agent as provided for in Ci ent's Signature (REQUERTD)	e appointment as the provisions of all I familiar with and

(CONTINUED)
Page 1 of 2

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

Carol a. Massey

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	Carol A. massey
WGK	13105 Vanderbilt Dr. #308
	Naples,Fl. 34110
	
	SECHERATY OF STALLAHASSEE, PLO
	IO PH
	STATE OF THE STATE
	ω
(Use attachment if necessary)	
RTICLE V: Effective date, if other t	han the date of filing: 11/07/05 . (OPTIONAL)
f an effective date is listed, the date	must be specific and cannot be more than five business days prior
or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
(and a- Whising
Signature of a	member or an authorized representative of a member.

(In accordance with section 608.408(1), 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 signer