

LOS000 118481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

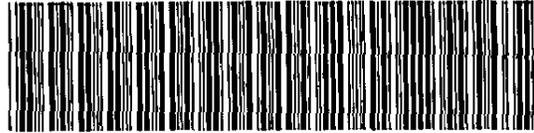
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Canyon Wren, 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:

Robert A. DeVellis, Esq.  
(Name of Person)  
Blair & Potts  
(Firm/Company)  
P.O. Box 1214  
(Address)  
Stamford, CT 06904-1214  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert A. DeVellis, Esq. at ( 203 ) 327-2333  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE FLORIDA  
STATE

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Canyon Wren, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

2001 SE Sailfish Point Blvd.  
#416  
Stuart, FL 34996

2001 SE Sailfish Point Blvd.  
#416  
Stuart, FL 34996

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

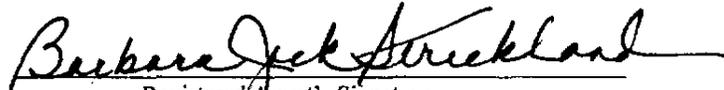
The name and the Florida street address of the registered agent are:

Barbara Jack Strickland  
Name

2001 SE Sailfish Point Blvd., #416  
Florida street address (P.O. Box **NOT** acceptable)

Stuart FL 34996  
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  
Barbara Jack Strickland

(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:**

MGRM

Barbara Jack Strickland  
2001 SE Sailfish Point Blvd., #416  
Stuart, FL 34996

MGRM

Ross M. Strickland  
2001 SE Sailfish Point Blvd., #416  
Stuart, FL 34996

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.  
Barbara Jack Strickland

(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.)

Barbara Jack Strickland  
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)

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 TALLAHASSEE, FLORIDA