

LO6000014947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700065150957

02/03/06--01028--023 \*\*155.001

FILED  
06 FEB -3 PM 1:11  
STATE  
FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pyramid Hospitality and Development, 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:

Tari L. Ringelstetter  
(Name of Person)

Beechwood Development, LLC  
(Firm/Company)

1025 Thoroughbred Lane  
(Address)

De Pere, WI 54115  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tari Ringelstetter at (920) 347-1969  
(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

FILED  
06 FEB -3 PM 1:11  
STATE  
FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Pyramid Hospitality and Development, LLC

(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 principal office of the Limited Liability Company is:

#### Principal Office Address:

Darrell M. Hanson  
2500 Main Street  
Fort Myers, FL 33931

#### Mailing Address:

Tari Ringelstetter  
1025 Thoroughbred Lane  
De Pere, WI 54115

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

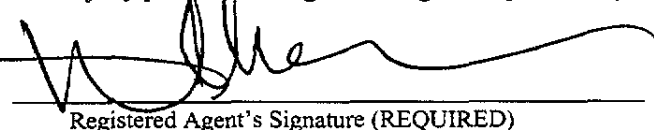
The name and the Florida street address of the registered agent are:

Darrell M. Hanson  
Name

2500 Main Street  
Florida street address (P.O. Box **NOT** acceptable)

Fort Myers FL 33931  
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 (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
06 FEB -3 PM 1:11  
STATE  
FLORIDA

**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

Dawn Berry  
16801 Diane Lane  
Huntington Beach, CA 92647

MGRM

Kevin Robert  
6314 Waterway Drive  
Falls Church, VA 22044

MGRM

Darrell M. Hanson  
2500 Main Street  
Fort Myers, FL 33931

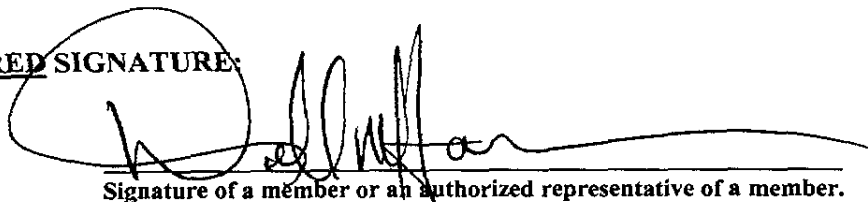
MGRM

Thomas D. Arnot  
501025 Thoroughbred Lane  
De Pere, WI 54115

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: February 1, 2006. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
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.)

Darrell M. Hanson  
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)

FILED  
06 FEB -3 PM 1:11