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| 2009                                    | FEB -7 P 3:06   |
|---|---|
| SEC<br>TALL                             | RETARY OF STATE<br>AHASSEE, FLORING BURNER BURN |
| (Requestor's Name)                      |   |
| (Address)                               | 400065247694  |
| (Address)                               | 1000002 11 00 1   |
| (City/State/Zip/Phone #)                | -   |
| PICK-UP WAIT MAIL                       | 02/07/06~-01023019 **125.00   |
| (Business Entity Name)                  | -   |
| (Document Number)                       | -   |
| Certified Copies Certificates of Status |   |
| Special Instructions to Filing Officer: |   |
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#### **COVER LETTER**

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TO:

Registration Section Division of Corporations

2006 FEB -7 P 3: 06

SUBJECT: 57 GUNN, LLC

SECRETARY OF STATE

(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:

| Rokki Rogan   |   |  |
|---|---|--|
|   | Name of Person)   | · · ·  |
| Landqwest Commercial, LLC   |   |  |
|   | Firm/Company)   | ,  |
| 5245 Big Pine Way Suite 10:   | 2   |  |
|   | (Address)   |  |
| Ft. Myers, FL 33907   |   |  |
| (City)  | State and Zip Code)   |  |
| For further information concerning this matter, please                    | call:   |  |
| Rokki Rogan   | at ( 239 275-492  | 2  |
| (Name of Person)  | (Area Code & Daytime To   | elephone Number)   |
| Enclosed is a check for the following amount:                             |   |  |
| \$125.00 Filing Fee \$\bigcup \$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 3: 06

| ARTICLE I - Name:  | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA   |
|--|--|
| The name of the Limited Liability Company is:  | Adina  |
| 57 GUNN, LLC   |  |
| (Must end with the words "Limited Liability Company, "Limite   | ed Company" or their abbreviation "LLC," or "L.C.,")   |
| ARTICLE II - Address:  |  |
| The mailing address and street address of the pr   | incipal office of the Limited Liability Company is:  |
| Principal Office Address:  | Mailing Address:   |
| 5245 Big Pine Way Suite 102  | 5245 Big Pine Way Suite 102  |
| Ft. Myers, FL 33907  | Ft. Myers, FL 33907  |
|  |  |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration. | tered Agent. You must designate an individual or another   |
| Rokki Rogan  |  |
| Name   |  |
| 5245 Big Pine Way Suite 1  | 102  |
| ——————————————————————————————————————   | dress (P.O. Box NOT acceptable)  |
| Ft. Myers,   | FL 33907   |
| City, State, a   | and Zip  |
| liability company at the place designated in t<br>registered agent and agree to act in this capacity<br>statutes relating to the proper and camplete pe  | accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered provided for in Chapter 608. F.S |

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member   | Name and Address:                            | SECRETARY OF STATE TALLAHASSEE, FLORIDA    |
|--|--|--|
| MGRM   | Rokki Rogan                                  |  |
|  | 11117 Harbour Estate Circle                  | -  |
|  | Ft. Myers, FL 33908                          |  |
| MGRM   | Michael A. Camacci                           |  |
|  | 19720 Prince Benjamin Drive                  | ·  |
|  | Lutz, FL 33549                               |  |
| MGRM   | John Mounce                                  |  |
|  | 15606 Light Blue Circle                      |  |
|  | Ft. Myers, FL 33908                          |  |
| MGRM   | Frances W. Ryon, Jr.                         |  |
| <del></del>  | 488 Bosphorous Ave                           |  |
|  | Tampa, FL 33607                              |  |
| (Use attachment if necessary)  ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.) |  | , (OPTIONAL)<br>n five business days prior |
| REQUIRED SIGNATURE:  |  |  |
| Signature of a memb  | er or an authorized representative of a      | member.                                    |
| (In accordance with so   | ection 608,408(3), Florida Statutes, the exe | ecution                                    |

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)

Rokki Rogan

of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee