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02/21/06-01035--011 **130.00

SECRETARY OF STATE DIVISION OF CORPORATIONS





COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Estero Title, 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:	
James L. Schiering	
(Name of Person)	-
Estero Title, LLC	
(Firm/Company)	•
292 Lambton Lane	2
Naples, FL 34104 (Address) Page 19 19 19 19 19 19 19 19 19 19 19 19 19	
(City/State and Zip Code) For further information concerning this matter, please call:	6
For further information concerning this matter, please call:	
James L. Schiering at (239 398-6356 (Name of Person) (Area Code & Daytime Telephone Number)	* *
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee} & \sum \$	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building	

Tallahassee, FL 32314

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:
Estero Title, LLC	
(Must end with the words "Limited Liability Company, "L	imited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of th	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
292 Lambton Lane	292 Lambton Lane
Naples, FL 34104	Naples, FL 34104
	ered Office, & Registered Agent's Signature:
The name and the Florida street address of t	he registered agent are:
James L. Schiering	CORPOR STA
Na Na	eme RNA
292 Lambton Lane	TATE V: 25
Florida stree	t address (P.O. Box NOT acceptable)
Naples, FL 34104	FI

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 phyposition as registered agent as provided for in Chapter 608, F.S..

City, State, and Zip

Registered Agent's Signature (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:

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	James L. Schlering	
	292 Lambton Lane	<u>· </u>
	Naples, FL 34104	
Member	Vince Napoleon	
	160 Carica Rd.	
	Naples, FL 34108	· · · · · · · · · · · · · · · · · · ·
Member	Collin Atchison	\$ ₹
·	5326 10th Ave. SW	# ŠŠ
	Naples, FL 34116	FEB 2
		- Δη Ο. - Ο.
<u>Member</u>	Jason Schiering	~ \$6.7
	21817 Rainbow Lake Court	3 890
	Estero, FL 33928	RATA
		25 Sept.
(Use attachment if necessary)		-1 73
ARTICLE V: Effective date, if other than		(OPTIONAL)
(If an effective date is listed, the date mus	t be specific and cannot be more than five	e business days prior
to or 90 days after the date of filing.)		
	_	
<u>REQUIRED</u> SIGNATURE:		
/ \	$\mathcal{U}(\mathbb{C}_+)$	
	$\mathbf{x} \vee \mathbf{z}$	

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.)

James L. Schiering

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)