# 06000024802

(Re	equestor's Name)	····
(Ac	ldress)	
(Ac	ldress)	
//	ty/State/Zip/Phone	40
·	WAIT	•
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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# **COVER LETTER**

TO: Registration Sec Division of Corp		-				
SUBJECT: Recrea	tion Consultants I	LC				
	(Name of Limited	I Liability Company)		_		
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.				
Please return all correspo	ndence concerning this matte	r to the following:				
Herbert J.						
	(1	Name of Person)				
Recreation	Consultants LL					
	(	Firm/Company)				
127 South	n Oak Street			<u> </u>		
		(Address)				
Lantana,	FL. 33462					
	(City.	/State and Zip Code)		14.55	.06	
For further information c	oncerning this matter, please	call:			06 HAR -3 PM 1:51	l est
Herbert J. Otter		at (561 ) 281-170			3 PM	
(Name o	of Person)	(Area Code & Daytime Te	elephone Number)	.OST EXEC	<del></del>	
Enclosed is a check for	the following amount:			Zm	58	
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155,00 Filing Fee & Certified Copy (additional copy is enclosed)	✓ \$160.00 Filin Certificate of Standard Copy (additional copy is of	atus &		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns			- - -

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
Recreation Consultants LLC	
(Must end with the words "Limited Liability Company, "Li	imited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is:
_	
Principal Office Address:	Mailing Address:
Recreation Consultants LLC	Recreation Consultants LLC
191 Upper Lake Avenue	127 South Oak Street
Pahokee, FL. 33476	Lantana, FL. 33462
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
Herbert J. Otten	
Na	RIDA 1: 58
127 South Oak Stree	
Florida street	t address (P.O. Box <u>NOT</u> acceptable)
Lantana,	FL 33462
City, Sta	ate, and Zip
liability company at the place designated registered agent and agree to act in this capa	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	oer en
MGR	Herbert J. Otten
	127 South Oak Street
	Lantana, FL. 33462
MGRM	Shirley A Scott
	127 South Oak Street
	Lantana, FL. 33462
	Z S
	<i>₩</i>
	<u></u>
(Use attachment if necessary)	1
,	
LE V: Effective date, if other	than the date of filing: 3/1/2006 (OPTION)
	must be specific and cannot be more than five business da
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ffective date is listed, the date days after the date of filing.)	•
fective date is listed, the date	
fective date is listed, the date days after the date of filing.)	
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fective date is listed, the date days after the date of filing.)	
fective date is listed, the date days after the date of filing.)	
fective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:	

Herbert J. Otten

Typed or printed name of signee

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)