## L06000037645

(Red	questor's Name)	
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PICK-UP	M WAIT	AIL
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Certified Copies	Certificates of Status	<del></del>
Special Instructions to F	Filing Officer:	1
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## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJI	ECT: MOT	OIZ COACH (Name of Limite	Zessiz — Co d Liability Company)	mmunities, LCC
The en	closed Articles o	of Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	pondence concerning this matte	er to the following:	
	Cun	Tis Henry	Name of Person)	
	MOTOR	COACH RESOR	_	iries, LLC
	1795	- Pied mous	(Address)	
	MARCI	) ISLAND, F	-1, 34145 /State and Zip Code)	
For fur	ther information	concerning this matter, please	call:	
	OIZTIS (Name	Henzy of Person)	at (Z39) 404 (Area Code & Daytime T	-7743 elephone Number)
Enclos	sed is a check for	or the following amount:		
\$125	5.00 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns



March 31, 2006

CURTIS HENRY 1795 PIEDMONT CT. MARCO ISLAND, FL 34145

SUBJECT: MOTORCOACH RESORT COMMUNITIES

Ref. Number: W06000015568

We have received your document for MOTORCOACH RESORT COMMUNITIES and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Letter Number: 306A00022135

Leslie Sellers Document Specialist

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		_	,	8
MOTOR COACH (Must end with the words "Limited Liability	Kesort	Como	OUTIES	_ '\_,L,C\
(Must end with the words "Limited Liability	y Company, "Limited Compa	my" or their abbrevi	ation "LLC," or "L.C	2.,")
ARTICLE II - Address:				
The mailing address and street ac	idress of the principal	office of the L	imited Liability	Company is:

Principal Office Address:	Mailing Address:
MARCO ISLAND, FL.	1795 Piedmout CT MARCO ISLAMO, ELI

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Name

1795 Pied Mont C.

Florida street address (P.O. Box NOT acceptable)

MARCO ISLAUD FL 34/45

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 Signatur (REQUIRED)

(CONTINUED)
Page 1 of 2

06 APR 10 PY 12: 56

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGIZM	CURTIS HEHRY 1795 PIEDMONT CT MARCO ISLAND, FL. 34145			
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the decessary	ate of filing: (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 of	or an authorized representative of a member.			
of this document constitue that the facts stated her	on 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury rein are true.)  Here is a signed 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)

Page 2 of 2

SECRETOR SAIL

