

L06000040979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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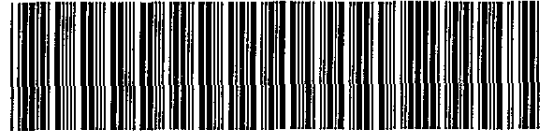
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SOMBRERO PARTNERS, LLC

Contact info: Jeff Grube
16520 S. Tamiami Trail
Bldg 18 Unit 191
Ft. Myers, FL 33908

Cell: 239-633-0480

Filing fee & Certified copy - \$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOMBRERO PARTNERS, 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:

16520 S. Tamiami Trail
Bldg 18 Unit 191
Ft. Myers, FL 33908

Mailing Address:

16520 S. Tamiami Trail
Bldg 18 Unit 191
Ft. Myers, FL 33908

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:

JEFF GRUBE

Name

16520 S. Tamiami Trail Bldg 18 Unit 191

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

FT. MYERS, FL 33908

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)

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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:

MGR

JEFF GRUBE
16520 S. Tamiami Trail Bldg 18 Unit 191
Ft. Myers, FL. 33908

MGR

ROBERT PEASE JR.
13200 HIGHLAND CHASE PLACE
Ft. MYERS, FL. 33913

MGR

BRIAN CHILI
1032 ALFREDA AVE.
LEHIGH ACRES, FL. 33971

MGR

JENIFER PEASE
13200 HIGHLAND CHASE PLACE
Ft. MYERS, FL. 33913

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date 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 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.)

JEFF GRUBE

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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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)