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06 APR 20 PM 12:03

W06-174  
J. BRYAN APR 12 2006

J. BRYAN APR 21 2006

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Island Haven, L.L.C  
(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:

Deborah L. Lytle  
(Name of Person)

Island Haven, L.L.C  
(Firm/Company)

7573 Raymary St., Unit C  
(Address)

Bokeelia, Fl. 33922  
(City/State and Zip Code)

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DIVISION OF CORPORATIONS  
06 APR 20 PM 4:03

For further information concerning this matter, please call:

Deborah L. Lytle at ( 239 ) 691-6347  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 12, 2006

DEBORAH L. LYTLE  
ISLAND HAVEN, L.L.C.  
7573 RAYMARY ST., UNIT C  
BOKEELIA, FL 33922

SUBJECT: ISLAND HEAVEN, L.L.C.  
Ref. Number: W06000017478

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 APR 20 PM 4: 03

We have received your document for ISLAND HEAVEN, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 10, 2006. Please amend your document 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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 806A00024838

*Added Member William  
Lytte change to May 1 2006*

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Island Haven, L.L.C

(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:

Island Haven, L.L.C

7573 Raymary St., Unit C

Bokeelia, Fl. 33922

#### Mailing Address:

Island Haven, L.L.C

7573 Raymary St., Unit C

Bokeelia, Fl. 33922

### 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:

Deborah L. Lytle

Name

7573 Raymary St., Unit C

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

Bokeelia,

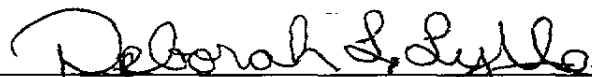
FL 33922

City, State, and Zip

EFFECTIVE DATE

05/01/06

*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)

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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

Manger

Deborah L. Lytle

7573 Raymary St., Unit C

Bokeelia, Fl. 33922

Managing Member

William H. Lytle

7573 Raymary St., Unit C

Bokeelia, Fl. 33922

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

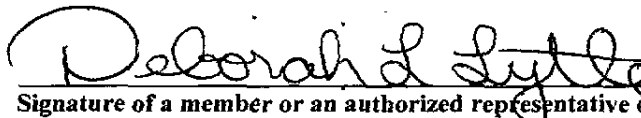
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: May 1, 2006. (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.)

Deborah L. Lytle

Typed or printed name of signer

**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)**

FILED STATE  
SECRETARY OF CORPORATIONS  
06 APR 20 PM 4:04