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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	

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DIVISION CENTRAL PROPERTIONS

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2006

JOHN B. CIVETTE P.O. BOX 366221 BONITA SPRINGS, FL 34136

SUBJECT: JOHN B. CIVETTE, LLC Ref. Number: W06000006359

We have received your document for JOHN B. CIVETTE, LLC 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 January 31, 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) 245-6984.

Letter Number: 206A00009521

Deborah Bruce Document Specialist SECRETARY FOR STATE

## **COVER LETTER**

TO: Registration Section Division of Corporation	ons				
SUBJECT: Jol	Name of Limit	ed Liability Company)			
The enclosed Articles of Organ	ization and fee(s) are	submitted for filing.			
Please return all correspondenc	e concerning this matt	er to the following:			
JOHA	1 B. Civet	(A)			
	B. CIVE HE	•			
	10 (210 8 11 0	(Firm/Company)		<b>2</b> 2	
Po B	ox 36620	(Address)		SECRETÁRIO DIVISION (* ). 2006 JAN 3 I	
		(Address)  FL 34136  y/State and Zip Code)		131 PH 2:3	
	(Cit	y/State and Zip Code)		PH 2: 34	
For further information concern	ning this matter, please	e call:		<b>.</b>	,
John B. Cive	AE on)	at ( <u>239</u> ) <u>948</u> -	9253 elephone Number)		
Enclosed is a check for the f	ollowing amount:				
\$125.00 Filing Fee \$\bigcup \$ Cert	130.00 Filing Fee & ificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing   Certificate of Status   Certified Copy (additional copy is enclosed)	s &	
	ling Address	Street/Courier Addres	<u>s</u>		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 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:

ToHN B. CIVEHS, 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: Mailing Address:	
26956 SPANISH GARDONS DR. PO BOX 366221 BONITA SPRINGS FZ BONITA SPRINGS FZ 34135 34136	
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:	
	Sylc
Florida street address (P.O. Box NOT acceptable)	ECRE
Florida street address (P.O. Box NOT acceptable)	AAR
Bovith Spands FL 34135 City, State, and Zip	3.5 
Having been named as registered agent and to accept service of process for the above stated limit 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S	Call

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MORM	John B. Civotte	
	AN 3	
		_ ′
		့
	<u> </u>	<del>.</del>
(Use attachment if necessary)	date of filing: 400 All 106 Act	<u>.</u>
ICLE V: Effective date, if other than the effective date is listed, the date must by days after the date of filing.)	date of filing:, (OPTION) te specific and cannot be more than five business da	AL) ys p
REQUIRED SIGNATURE:		
Standard of a member	er or an authorized representative of a member.	
	ection 608.408(3), Florida Statutes, the execution	

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30,00 Certified Copy (Optional)
\$ 5,00 Certificate of Status (Optional)

Typed or printed name of signee