L06000052527

(Requestor's	s Name)
(Address)	
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(City/State/Z	Zip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document	Number)
Certified Copies Ce	ertificates of Status
Special Instructions to Filing Of	ficer:





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STECTIVE DATE

IN MAY 22 PM L

RECEIVED

06 MAY 22 PM 3-44

DIVISION OF CORPORATION



ON SERVICE COMPANY.
ACCOUNT NO. : 072100000032
REFERENCE: 119484 4304766
AUTHORIZATION Smelle na
COST LIMIT: \$ 125.00
ORDER DATE: May 19, 2006 EFFECTIVE DATE 5 19 Ub
ORDER TIME: 12:43 PM
ORDER NO. : 119484-020
CUSTOMER NO: 4304766
DOMESTIC FILING
NAME: FACTORY BAY MARINA OF MARCO, LLC
EFFECTIVE DATE: 5/19/00
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX PLAIN STAMPED COPY
CONTROL DEDCOM. Amanda Haddan EVE 2055

EXAMINER'S INITIALS:

EFFECTIVE DATE

COMPANY STATE OF THE PARTY OF T

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA

AD	TICI	T. I	_ No	me.

The name of the Limited Liability Company is:

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•	~ L L	DAI	TAYLOR WILLIAM	O MANCO	

(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: 3725 Fort Charles Drive Naples, FL 34102		Mailing Address:
		3725 Fort Charles Drive
		Naples, FL 34102
(The Limited Liability Co business entity with an a	mpany cannot serve as its ctive Florida registration.) Torida street address	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:
Jack J. Antaramian		Name
•		ITMENT
3725 Fort Charles Drive Florida street adda		'e
		a street address (P.O. Box NOT acceptable)
	Manlas	74100
	Naples	FL 34102

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..

By: Degistered 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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Jack J. Antaramian
	3725 Fort Charles Drive
	Naples, FL 34102
manufacture and the second	

**************************************	the second secon
(Use attachment if necessary)	1
ARTICLE V: Effective date, if other than the	date of filing: 51900 (OPTIONAL)
	e specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	o spoome and camer of more than 1170 business days prior
REQUIRED SIGNATURE:	•
SVI.	6-
/ (UU U	Walley HAXIAGER
Signature of a membe	er or an authorized representative of a member.
of this document consti that the facts stated h	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury nerein are true.)
By: Jack J. Antaramia	•
	ped 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)