## L06000058584

(Requestor's Name)
(Address)
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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dadiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
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**B. McKnight** JUN 0 8 2006

## **COVER LETTER**

Division of C			
SUBJECT:	Regatta I	Properties, LLC	
		d Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	
	Joh	nn M. Mueller	
	•	(Name of Person)	
<del></del>		(Firm/Company)	
	18 9	Sandpiper Rd.	
<del></del>		(Address)	
		pa, Fl. 33609	
	(City	/State and Zip Code)	
For further information	n concerning this matter, please	call:	
Joh	n M. Mueller	at 813 837-136	
(Nar	ne of Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check	for the following amount:		
☐ \$125.00 Filing Fe	\$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 Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company	ie <sup>,</sup>
The name of the Emilied Elability Company	15.
Regetta	Properties, LLC
(Must end with the words "Limited Liability Company, "Li	
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18 Sandpiper Rd.	18 Sandpiper Rd.
Tampa, Fl. 33609	Tampa, Fl. 33609
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
	. Mueller
Na	<del></del>
18 San	dpiper Rd.
	address (P.O. Box NOT acceptable)
Tampa	a, <sub>FL</sub> 33609
City, Stat	te, and Zip
	to accept service of process for the above stated limited in this certificate. I hereby accept the appointment as

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 SECRETARY OF STATE
DIVISION OF CORPORATIONS

## 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:
MGRM	John M. Mueller 18 Sandpiper Rd. Tampa, Fl. 33609
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days p

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.)

John M. Mueller
Typed 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)

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