

L060000063825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

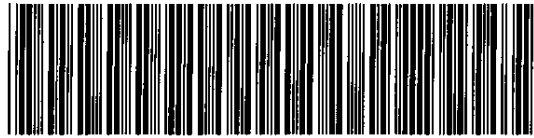
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06/21/06--01041--011 \*\*130.00

EXPIRATION DATE

6/19/06

*SBM*

# MERRITT & MERRITT

ATTORNEYS AT LAW  
1800 SECOND STREET  
SUITE 780  
SARASOTA, FLORIDA 34236

TELEPHONE: 941.953.4140  
FACSIMILE: 941.953.3020

June 20, 2006

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

RE: FORMATION OF THREE OAKS PARCEL, LLC

Dear Sir or Madam:

The enclosed Articles of Organization and fees are submitted for filing. Please return all correspondence concerning this matter to the following:

Jack W. Merritt  
1800 2<sup>nd</sup> St., Ste. 780  
Sarasota, FL 34236  
941.953.4140

Enclosed is our firm check number 2542 made payable to the Florida Department of State for the following amount of \$130.00 to request the following:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$125 Filing Fee | <input checked="" type="checkbox"/> \$130 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy enclosed) |
|---|---|--|--|

Should you have any questions, do not hesitate to contact me.

Very truly yours,



Jack W. Merritt

Enclosure

**THREE OAKS PARCEL, LLC**  
**ARTICLES OF ORGANIZATION FOR**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**SIGNATURE DATE**  
6/19/06

**ARTICLE I. Name:**

The name of the Limited Liability Company is: Three Oaks Parcel, LLC

**ARTICLE II. Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1200 Apache Trail SW  
LaBelle, FL 33935

**Mailing Address:**

1200 Apache Trail SW  
LaBelle, FL 33935

**ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature:**

Jack W. Merritt  
1800 2<sup>nd</sup> Street, Ste. 780  
Sarasota, FL 34236  
941.363.0020

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 F.S. Chapter 608.

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV. Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
MGRM	David Clemenger 1200 Apache Trail SW, LaBelle, FL 33935
MGRM	Raul Casanova 3526 SW 14th Place Cape Coral, FL 33914

**ARTICLE V. The effective date (if other than the date of filing) is June 19, 2006.**

REQUIRED SIGNATURE:

  
\_\_\_\_\_  
Jack W. Merritt

Signature of a member or an authorized  
representative of a member.