

LOW 0000065287

Isabel Acosta

(Requestor's Name)

405 Lakeview Drive

(Address)

Royal Palm Beach, Fl. 33411

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

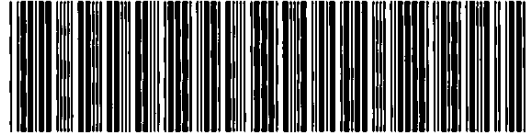
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DIVISION OF CORPORATIONS  
06 JUN 28 PM 1:36

W06-24922

B. McKnight JUN 28 2006

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MEZZALUNA SPRINGS DEVELOPMENT, LLC.  
(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:

ISABEL P. ACOSTA  
(Name of Person)

(Firm/Company)

405 LAKEVIEW DR.  
(Address)

ROYAL PALM BEACH FL 33411  
(City/State and Zip Code)

For further information concerning this matter, please call:

ISABEL ACOSTA at ( 561 ) 296.2277  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input 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

May 31, 2006

ISABEL ACOSTA  
405 LAKEVIEW DRIVE  
ROYAL PALM BEACH, FL 33411

SUBJECT: MEZZALUNA SPRINGS DEVELOPMENT  
Ref. Number: W06000024922

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

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Enclosed are the correct forms for filing. Please make your corrections and fill out the new forms and resubmit.

Please return the original and one copy of 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) 245-6931.

Becky McKnight  
Document Specialist  
New Filing Section

Letter Number: 106A00037758

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

MEZZALUNA SPRINGS DEVELOPMENT, 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:

1948 COLLINS RD  
405 LAKEVIEW DR.  
ROYAL PALM BEACH  
FT. MYERS FLORIDA 33919

#### Mailing Address:

STATE 405 LAKEVIEW DR.  
ROYAL PALM BEACH  
FL 33411

### 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:

ISABEL P. ACOSTA  
Name

405 LAKEVIEW DR.  
Florida street address (P.O. Box NOT acceptable)

ROYAL PALM BEACH 33411  
City, State, and Zip

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*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..*

Isabel P. Acosta  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MGRM

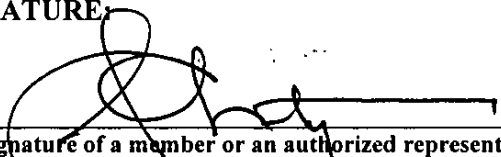
LINDA M. CHRISTY  
1448 COLLINS RD.  
FT. MYERS, FL 33919

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

LINDA M. CHRISTY  
Typed or printed name of signed

**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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