Division of Corporations Public Access System

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(((H06000190501 3)))



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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

(305) 599-0839

Phone Fax Number

(305)716-0346

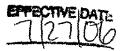
ELORIDA/FOREIGN LIMITED LIABILITY CO. RARE CASEY KEY, LLC

Certificate of Status Certified Copy Page Count 02 Estimated Charge \$155.00

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Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	ĸ
RARE CASEY KEY, LLC (Must and with the words "Limited Liability Company, "Lim	ited Company or their aboreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
110 DAVINCI DRIVE	110 DAVINCI DRIVE
NOKOMIS, FLORIDA 34275	NOKOMIS, FLORIDA 34275
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.)	islered Agent. You must designate an individual or shotter
The name and the Florida street address of the	registered agent are:
DANIEL M. KEIL, P.A.	
Nem	c
6500 COWPEN ROAD, S	UITE 301
Florida street a	ddress (P.O. Box <u>NOT</u> acceptable)
MIAMI LAKES	EI 33014
City, State	and Zip

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

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<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Mor	nber
MANAGER	ALAN JAMES
	110 DAVINGI DRIVE
	NOKOMIS, FLORIDA 34275
•	and the state of t
•	
•	
(Use attachment if necessar)	у)
,	•
LE V: Effective date, if other	or than the date of filing: 7/27/2008 (OPTIONA
LE V: Effective date, if othe fective date is listed, the dat	or than the date of filing: 7/27/2006 (OPTIONA) te must be specific and cannot be more than five business day
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LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATURE Signature of	fa member or an authorized representative of a member.
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATURE Signatures	f a member or an authorized representative of a member. Servith section 608,408(3). Florida Statutes, the execution
LE V: Effective date, if other fective date is listed, the date days after the date of filing REOURED SIGNATURE Signature of this doctors	f a member or an authorized representative of a member. The with section 608.408(3), Florida Statutes, the execution member an affirmation under the normalized of program.
LE V: Effective date, if other fective date is listed, the date days after the date of filing REOURED SIGNATURE Signature of this doctors	fr than the date of filing: 7/27/2008 te must be specific and cannot be more than five business day i.) I: framewher or an authorized representative of a member. Ice with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of parjury acts stated herein are true.)

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

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\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

3 30.60 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)