L06000095158

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special insulucions to Plining Officer.

Office Use Only



400080061124

09/27/06--01021--010 **130.00

FILED

OG SEP 27 PM 12: 32

SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Co	rporations	•	•
_{SUBJECT:} Tamian	ni Property Managem	ent, LLC	
<u> </u>	(Name of Limited	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Rob White		V	
	0	Name of Person)	
Tamiami Pi	roperty Managemen	t, LLC	
		Firm/Company)	-
15087 Roy	al Fern Court #10)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Address)	
Naples, Fl	orida 34110		
		(State and Zip Code)	
For further information	concerning this matter, please	call:	
Rob White		at (239) 5667745	
(Name	of Person)	(Area Code & Daytime Te	
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	as

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Limited Liability	Company is:	
	y Management, LL		
(Must end with the wo	ords "Limited Liability C	Company, "Limited Company" or their abbreviation "LLC,"	or "L.C.,")
ARTICLE II - A	Address:		
The mailing add	ress and street add	tress of the principal office of the Limited Lia	ability Company is:
Principal Office	Address:	Mailing Address:	
15087 Royal Fem C	ourt	15087 Royal Fem Court	
#100		#100	
Vaples, Florida 341	10	Naples, Florida 34110	
ARTICLE III -	Registered Agen	t, Registered Office, & Registered Agent's	Signature:
The Limited Liability business entity with a	Company cannot serve an active Florida registra e Florida street ad	t, Registered Office, & Registered Agent's as its own Registered Agent. You must designate an individualion.) dress of the registered agent are:	dual or another
The Limited Liability business entity with a	Company cannot serve an active Florida registra	t, Registered Office, & Registered Agent's as its own Registered Agent. You must designate an individuation.) dress of the registered agent are:	dual or another
The Limited Liability business entity with a	Company cannot serve an active Florida registra e Florida street ad	t, Registered Office, & Registered Agent's as its own Registered Agent. You must designate an individualion.) dress of the registered agent are:	FIL O6 SEP 27 SECRETARY TALLAHASSI
The Limited Liability business entity with a	Company cannot serve an active Florida registra e Florida street ad Robert E. White	t, Registered Office, & Registered Agent's as its own Registered Agent. You must designate an individuation.) dress of the registered agent are:	FILI SECRETARY
The Limited Liability business entity with a	Company cannot serve an active Florida registra e Florida street ad Robert E. White 15087 Royal F	t, Registered Office, & Registered Agent's as its own Registered Agent. You must designate an individuation.) dress of the registered agent are: Name	FILI SECRETARY
The Limited Liability business entity with a	Company cannot serve an active Florida registra e Florida street ad Robert E. White 15087 Royal F	t, Registered Office, & Registered Agent's as its own Registered Agent. You must designate an individuation.) Iddress of the registered agent are: Name Name	FIL O6 SEP 27 SECRETARY TALLAHASSI

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

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Men	iber
MGR	Robert E. White
	15087 Royal Fern Court #100
	Naples, FL 34110
MGRM	Peter J. Tiernay
	8951 Bonita Beach Road, Suite 525 #272
	Bonita Springs, FL 34110
·	
	- 46
	gent in the second of the seco
(Use attachment if necessar	y)
•	
	er than the date of filing: (OPTIONA
Postiva data is listed the da	te must be specific and cannot be more than five business day
· · · · · · · · · · · · · · · · · · ·	o)
· · · · · · · · · · · · · · · · · · ·	
days after the date of filing	_
days after the date of filing	
· · · · · · · · · · · · · · · · · · ·	TALE SEE
days after the date of filing	TALE TALE
days after the date of filing REQUIRED SIGNATURI	E: A C C C C C C C C C C C C C C C C C C

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Robert E. White

Typed or printed name of signee