

L05000097050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

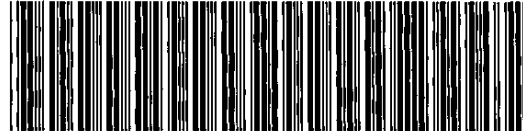
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

BK

Office Use Only



400080079044

FILED
06 OCT -4 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/04/06--01018--014 **155.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2006 OCT -4 AM 10:58
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/ST/Zip

850-222-2785

Phone #

06 OCT -4 PM 2:18
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- CALOOSA COVE, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION OF
CALOOSA COVE, LLC**

FILED
06 OCT -4 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I — Name

The name of the Limited Liability Company is **CALOOSA COVE, LLC**.

ARTICLE II — Address

The mailing address and street address of the principal office of the Limited Liability Company is 7092 Placida Road, Cape Haze, Florida 33946.

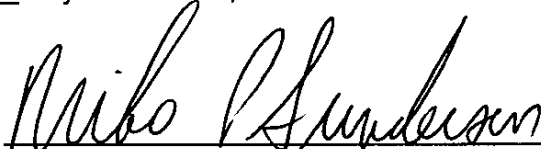
ARTICLE III — Registered Agent & Registered Office

The name and street address of the registered agent of the Company is **Miko P. Gunderson, Esq.**, 18501 Murdock Circle, Suite 101, Port Charlotte, Florida 33948-1067.

ARTICLE IV — Management

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.


IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 3 day of October, 2006.




Miko P. Gunderson, Esq.
Authorized Representative of Member

STATE OF FLORIDA)
) ss.
COUNTY OF CHARLOTTE)

The foregoing instrument was sworn to and acknowledged before me this 3 day of October, 2006, by MIKO P. GUNDERSON, ESQ., who is personally known to me and who did take an oath.

 **Fawn M. Candellmo**
Commission # DD279393
Expires January 6, 2008
Bonded Troy Pan - Insurance, Inc. 800-385-7019



Notary Public, State of Florida
My Commission Expires:

ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the Articles of Organization of **CALOOSA COVE, LLC**, as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated Company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and is familiar with and accepts the obligations of the position of registered agent.

DATED this 3 day of October, 2006

A handwritten signature in cursive script, appearing to read "Miko P. Gunderson", written over a horizontal line.

Miko P. Gunderson, Esq.

5527564a04.wpd