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## **COVER LETTER**

TO: Registration So Division of Co				
<sub>SUBJECT:</sub> Marke	r 52 Holdings LLC		•	
	(Name of Limite	d Liability Company)		
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Albert C.	Trapanese			
<del></del>	(	Name of Person)		
Marker 52	2 Holdings LLC			
		(Firm/Company)		
480 Deb	orah Drive			
		(Address)		
Orono, M	1N 55359			
	(City	//State and Zip Code)		
For further information	concerning this matter, please	call:	206 S. S. S	
Cheryl A. Trapa	anece	at ( 612 ) 306-87	SECRETAR SECRETAR elephone Number) SS	- Marie
	of Person)	(Area Code & Daytime To	elephone Number)	Charter
Enclosed is a check for	or the following amount:		7 PH RY OF SSEE.F	
☐ \$125.00 Filing Fee	<b>▼</b> \$130.00 Filing Fee &	\$155.00 Filing Fee &	☐ \$160.00 Filing Fee,	O
#125.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Statis & Certified Copy (additional copy is enclosed)	
	Mailing Address	Street/Courier Addres	<u>,</u>	
	Registration Section	Registration Section	na	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

	Holdings LLC ne words "Limited Liability Compar	ny, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
•			
ARTICLE I		of the principal office of the Limited Liability Compar	ıv is
The manning	address and street address (	of the principal office of the Elithica Elability Compan	iy 13.
Principal Of	fice Address:	Mailing Address:	
1088 Brevity L	.ane	480 Deborah Drive	
Fort Myers, Fl	33919	Orono, MN 55359	
	bility Company cannot serve as its on with an active Florida registration.)	own Registered Agent. You must designate an individual or another	
business entity v	vith an active Florida registration.)  d the Florida street address	own Registered Agent. You must designate an individual or another of the registered agent are:	
business entity v	with an active Florida registration.)	of the registered agent are:	
business entity v	vith an active Florida registration.)  d the Florida street address  Cheryl A. Trapanes  1088 Brevity Lane	of the registered agent are:	TEMO
business entity v	vith an active Florida registration.)  d the Florida street address  Cheryl A. Trapanes  1088 Brevity Lane	of the registered agent are:	TILMO
business entity v	vith an active Florida registration.)  d the Florida street address  Cheryl A. Trapanes  1088 Brevity Lane	SECRETARY OF STALLAHASSEE, FLI	TIMO
business entity v	vith an active Florida registration.)  d the Florida street address  Cheryl A. Trapanes  1088 Brevity Lane Florida  Fort Myers	se Name  SECRETARY OF STATE  Street address (P.O. Box NOT acceptable)	TEMO

ristered agent and agree to act in this capacity. I further agree to comply with the provisions of tatutes relating to the proper and complete performance of my duties, and I am familiar with an 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

11-21-04-

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Albert C. Trapanese 1088 Brevity Lane Fort Myers, FL 33919 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 11/21/2006 (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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

Albert C. Trapanese

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee