10000015989

| (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: 1214 PLC | | |
| SFFECTIVE DATE | | |
| 1-1-07 | | |



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06 DEC -4 PM 3: 22 SECRETARY OF STATE ALLAHASSEF FIORIN

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COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: | CARRON SPE | AR DESIGN, LLC |
|--|---|---|
| | (Name of Limite | d Liability Company) |
| The enclosed Article | es of Organization and fee(s) are s | ubmitted for filing. |
| Please return all corr | respondence concerning this matter | or to the following: |
| | | E. SPEAR |
| | (| Name of Person) |
| | (| Firm/Company) |
| | √14882 BE | LLEZZA LANE |
| | | (Address) |
| *· · · · · · · · · · · · · · · · · · · | | ES, FL 34110 |
| | (City | (State and Zip Code) |
| For further informati | on concerning this matter, please | call: |
| JAYNE | E. SPEAR | at (239) 254-7709 (Area Code & Daytime Telephone Number) |
| (Na | ame of Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a check | k for the following amount: | |
| \$125.00 Filing F | ee \$\sumset\$ \$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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|--|
| The name of the Limited Liability Com | pany is: |
| | |
| CARRON SPEAR DESIGN, LLC | |
| (Must end with the words "Limited Liability Compa | ny, "Limited Company" or their abbreviation "LLC," or "L.C.,") |
| ADTICLE II Address | |
| ARTICLE II - Address: The mailing address and street address. | of the principal office of the Limited Liability Company is: |
| The maning address and sheet address | of the principal effice of the Billinea Blacking Company to |
| Principal Office Address: | Mailing Address: |
| 44992 DELLETTA LANE | PO POV 2044 |
| 14882 BELLEZZA LANE NAPLES, FL 34110 | PO BOX 2944 BONITA SPRINGS, FL 34133 |
| 174 220,12 04110 | 5011174011111003,12 04100 |
| | |
| business entity with an active Florida registration.) The name and the Florida street address | s of the registered agent are: |
| JA | YNE E. SPEAR |
| | Name |
| 1488 | 2 BELLEZZA LANE |
| Florida | street address (P.O. Box NOT acceptable) |
| NA | PLES, FL 34110 |
| Ci | ty, State, and Zip |
| liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position | t and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S |
| \); | |

(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:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|---|---|
| -MGRM | JAYNE E. SPEAR |
| | 14882 BELLEZZA LANE |
| | NAPLES, FL 34110 |
| MGRM | CINDA CARRON |
| | 4731 BONITA BAY BLVD PH 401 |
| | BONITA SPRINGS, FL 34134 |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.) | e date of filing: 01/01/2007 (OPTIONAL) be specific and cannot be more than five business days prior |
| REQUIRED SIGNATURE: | |
| $\sim \infty$ | Dun/ |
| (In accordance with se | er of an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.) |
| Jayr | yped or printed name of signee |

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)