

Division of Corporations

Page 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000062743 3)))



H07000062743 3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : 18501205-0383

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
Phone : (239) 344-1100
Fax Number : (239) 344-1200

RECEIVED

07 MAR -9 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CORKSCREW McGARVEY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

8312

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 MAR -9 AM 9:38

FILED

FAX AUDIT NO.: B07000062743 3

**ARTICLES OF ORGANIZATION
OF
CORKSCREW McGARVEY, LLC**

ARTICLE I-NAME

The name of the limited liability company shall be CORKSCREW McGARVEY, LLC (the "Company").

ARTICLE II-STREET AND MAILING ADDRESS

The street and mailing address of the principal office of the Company is:

9530 Marketplace Road, Suite 301
Fort Myers, Florida 33912

ARTICLE III-EFFECTIVE DATE

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company is:

Name

Address

DAVID M. PLATT

1648 Periwinkle Way, Suite B
Sanibel, Florida 33957

ARTICLE V-PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE VI-MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following are the

FAX AUDIT NO.: B07000062743 3

2007 MAR -9 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FAX AUDIT NO.: B07000062743 3

names and addresses of the initial Managers who shall serve as the Managers of the Company until their successor is elected and qualified:

<u>Name</u>	<u>Address</u>
John S. McGarvey	9530 Marketplace Road, Suite 301 Fort Myers, Florida 33912
William G. Price	9530 Marketplace Road, Suite 301 Fort Myers, Florida 33912

ARTICLE VII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 8th day of March, 2007.


DAVID M. PLATT
Authorized Representative

FAX AUDIT NO.: B07000062743 3

FILED
2007 MAR -9 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H07000062743 3

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: CORKSCREW MCGARVEY,
LLC.
2. The name and address of the registered agent and office is:

David M. Platt
1648 Periwinkle Way, Suite B
Sanibel, Florida 33957

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.


DAVID M. PLATT
Registered Agent

FAX AUDIT NO.: H07000062743 3

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 MAR -9 AM 9:38

FILED