

L07000040353

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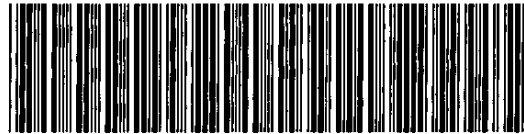
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03/05/07--01012--003 **160.00

Effective Date

4/07/07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 APR - 1 AM 10:26

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HURRICANE BAY, L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IDEAL FINANCIAL SVCS
(Name of Person)

DAVID MORAN
(Firm/Company)

PO Box 10228
(Address)

NAPLES, FL 34101-0228
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID MORAN at (239) 643 4142
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2007

IDEAL FINANCIAL SERVICES
DAVID MORAN
P.O. BOX 10228
NAPLES, FL 34101-0228

SUBJECT: HURRICANE BAY, L.L.C.
Ref. Number: W07000011154

We have received your document for HURRICANE BAY, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 5, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Document Specialist

Letter Number: 407A00015860

Articles of Organization for Florida Limited Liability Company

Article I

Name of Limited Liability Company

The name of this Limited Liability Company is:

Hurricane Bay, L.L.C.

Effective Date 4/01/07

Article II

Address

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

Hurricane Bay, L.L.C.
1025 North Alhambra Circle
Naples, FL 34103

Article III

Registered Agent

The name and the Florida street address of the registered agent is:

David M Moran
4762 Capri Drive
Naples, FL 34103-2509

Acknowledgement of Registered Agent

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 this 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Registered Agent

David M. Moran

Article IV

Managers or Managing Member(s):

Title:
MGR

Name and Address:

Barbara Shuart
1025 North Alhambra Circle
Naples, FL 34103

Article V: Effective Date

The effective date of this limited liability company is: April 1, 2007

Signature of a member or an authorized representative of a member:

Barbara Shuart

Barbara Shuart

FILED
2007 APR - 1 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA