

LO7000041735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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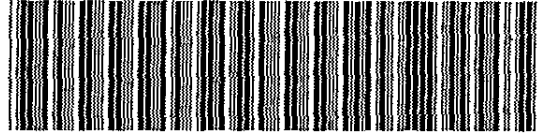
(Business Entity Name)

(Document Number)

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2007 APR 18 AM 11:00

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LO7-41735
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Fort Myers Couples, LLC
(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:

(Name of Person)	Kim E. McCartney
(Firm/Company)	
(Address)	8179 Nault Drive
(City/State and Zip Code)	North Fort Myers FL 33917

For further information concerning this matter, please call:

Douglas L. Wilson, Esq.	239-348-9191
<u>(Name of Person)</u>	at <u>()</u> (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: **North Fort Myers Couples, LLC**

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

North Fort Myers Couples, LLC
8179 Nault Drive
North Fort Myers FL 33917

same

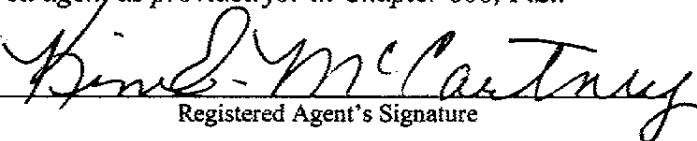
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's
Signature:**

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

(Name of Person)	Kim E. McCartney
(Address)	8179 Nault Drive
(City/State and Zip Code)	North Fort Myers FL 33917

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TALLAHASSEE, FLORIDA

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 as provided for in Chapter 608, F.S..


Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Kim E. McCartney
8179 Nault Drive
North Fort Myers FL 33917

MGRM

Roseanne L O'Rourke
8179 Nault Drive
North Fort Myers FL 33917

ARTICLE V - Management Procedures

A. Duration of company. The duration of the company shall be 30 years, unless terminated sooner by the death of either member or upon dissolution by agreement of the members.

B. Treatment as partnership. The members, desiring that the company shall be treated for federal tax purposes as a partnership, hereby adopt the following principles, which shall be binding on the company.

1. The company shall have limited liability, that is, the members shall not be liable for the liabilities of the company.

2. Management shall not be centralized. The members shall have the authority of partners.

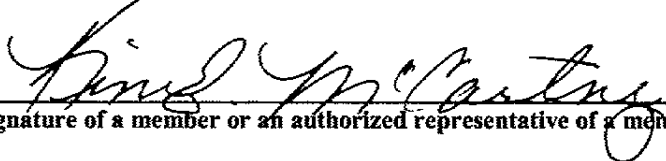
3. The interest of members in the company may not be transferred or encumbered without the consent of both members.

C. Operating procedures. The company may devise any number of operating procedures, similar to bylaws, which shall become effective when agreed on by both members.

D. Amendments. These articles may be amended when any amendment is agreed to by both parties.

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The foregoing Articles of Organization are hereby adopted.


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 that the facts stated herein are true.)

Kim E. McCartney

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA