## 107000054189

• •				
(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:				
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DIVISION OF CORPORATIONS

## **COVER LETTER**

Registration Section

TO:

Division of Cor	rporations		
SURJECT. Salty [	Dog Management L	LC	
SUBJECT.		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Chervl A.	Trapanese		
		Name of Person)	
Salty Dog	Management LLC		
	(	Firm/Company)	
1088 Bre	vity Lane		· ·
		(Address)	15:00
Fort Mye	rs, FL 33919		
<u> </u>		/State and Zip Code)	- CO
For further information	concerning this matter, please	call:	07 MAY 21 PH 2: 52
Albert C. Trapa	nese	at (612 ) 387-130	00
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or 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 Tallebasses, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Salty Dog Management LLC (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Timeipar Office Address.	Waning Address.
1088 Brevity Lane	1088 Brevity Lane
Fort Myers, FL 33919	Fort Myers, FL 33919
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:  07 NAY 21
Cheryl A. Trapanese	2 977
Name	7 20 20 20 20 20 20 20 20 20 20 20 20 20
1088 Brevity Lane	1 2 ORAM
Florida street add	ress (P.O. Box NOT acceptable)
Fort Myers, FL 33919 City, State, a	<u>FL</u>
City, State, a	in th

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 (REQUIRED)

(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:
MGR	Dan Gorton
<del></del>	1831 Seafan Circle
	North Fort Myers, FL 33903
MGR	Albert Trapanese
	1088 Brevity Lane
	Fort Myers, FL 33919
	e <sup>1</sup>
<u></u>	T HAY
	2
	P M O N
	2: AZ
	<u> </u>
(Use attachment if necessary)	<b>2</b> 45
ARTICLE V: Effective date, if other than	the date of filing: (OPTIONAL)
(If an effective date is listed, the date mu to or 90 days after the date of filing.)	st be specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a me	ember or an authorized representative of a member.
of this document of	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ted herein are true.)
Albert Trapane	ese .
	Typed 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)