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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
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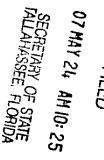
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05/24/07--01008--003 \*\*160.00

pr./23/87 01046-003 \*\*160.00



### **COVER LETTER**

TO:

Registration Section

Division of Corporations	
SUBJECT: Intellectual Property Holdings 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:	
Robert D. White	
(Name of Person)	
Intellectual Property Holdings LLC	
(Firm/Company)	
1016 Collier Center Way, Suite 100	0
(Address)	7 X
Naples, FL 34110	۱۲ کر 12 لا
(City/State and Zip Code)	<u>&gt;</u>
For further information concerning this matter, please call:	'MAY 24 AM 10: 25
Robert D. Whiteat (_239) 597-0128	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$\begin{array}{ c c c c c c c c c c c c c c c c c c c	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	•

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Principal Office Address:	<u>Maning Address:</u>
The mailing address and street address  Principal Office Address:	of the principal office of the Limited Liability Company is:  Mailing Address:
ARTICLE II - Address:	
(Must end with the words "Limited Liability Comp	any, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

R. Laken I	Vitchell (			
Name				
4453 Bryi	nwood Drive			
	Florida street address (P.O. Box NOT acceptable)			
Naples,	FL 34109			
	City, State, and Zip			

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:

MGR		R. Laken Mitchell	
WIGIT	-	1016 Collier Center Way, Suite 100	<del>:</del>
		Naples, FL 34110	
	-		
		11-1	
			SECRETARY OF STATE
	-		JAHY C
			OF STA
	-	· · · · · · · · · · · · · · · · · · ·	
(Use attachment if	necessary)		
CLE V: Effective dat	te if other than the	date of filing: June 1, 2007 . (0	OPTIONAL)
		specific and cannot be more than five but	
00 days after the date		•	
REQUIRED SIGN	NATURE:		
REQUIRED SIGN	NATURE:		

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)

R. Laken Mitchell

that the facts stated herein are true.)

Typed or printed name of signee