

W07000062731

(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:

Office Use Only



700104214057

06/13/07--01019--022 \*\*130.00

2007 JUN 13 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

W07-62731  
OK

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TWT DEVELOPMENT 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:

WILLIAM G. CITARELLA  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

P. O. Box 2391  
(Address)

BONITA SPRINGS FLORIDA 34134  
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM G. CITARELLA at ( 239 ) 250 1436  
(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

2007 JUN 13 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TWT DEVELOPMENT LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C..")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

6540 CORPORATE PARK CIRCLE  
SUITE 1  
FORT MYERS FL 33966

P. O. BOX 2391  
BONITA SPRINGS, FL 34134

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

(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:

WILLIAM G. CITARELLA

Name

822 99<sup>th</sup> AVENUE NORTH

Florida street address (P.O. Box **NOT** acceptable)

NAPLES FL 34108

City, State, and Zip

2007 JUN 13 AM 10:59  
SECRETARY OF STATE  
TALLHASSEE, FLORIDA

FILED

*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..*

WILLIAM G. CITARELLA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

WILLIAM G. CITARELLA  
P.O. Box 110673  
NAPLES FL 34108

MGRM

TODD A TURNER  
1809 LAGOON LANE  
CAPE CORAL FL 33914

MGRM

TED ZHI HUI LUO  
5401 MAHOGANY RIDGE DR.  
NAPLES FL 34119

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

W. G. CITARELLA

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.)

WILLIAM G. CITARELLA

Typed or printed name of signee

2007 JUN 13 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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)