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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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## COVER LETTER,

TO:	Registration Section Division of Corporations	¥	₩.,	* 1	
SUBJ	ECT: Grand Gulf Develo	oment, LLC		<b>;</b>	
	(Name	of Limited Liability	Company)		
The er	closed Articles of Organization and for	e(s) are submitted fo	or filing.		
Please	return all correspondence concerning	this matter to the fol	lowing:		
	Kathryn Bickford				
		(Name of Per	son)		
	Trinity Development G				2
		(Firm/Compa	any)		器 员
	5961 Golden Oaks Lar				OT DEC 20 AMILES
		(Address	)		新豆
	Naples, Florida 341				THORE THE
		(City/State and Z	ip Code)		<u></u>
For fu	rther information concerning this matt	er, please call:			·
Kath	nryn Bickford	239	641-75	574	
	(Name of Person)	at (	ca Code & Daytime		
Enclo	sed is a check for the following am	ount:			
<b>√</b> \$125	.00 Filing Fee \$\int_\$130.00 Filing Certificate of S	atus Certifi	Filing Fee & ed Copy hal copy is enclosed)	\$160.00 Filing Fe Certificate of Stat Certified Copy (additional copy is en	us &
	Mailing Address	St	<u>reet/Courier Addre</u>	ess	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	y is:
Grand Gulf Development, LLC	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the mailing address and street address.	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1791 Trade Center Way	5961 Golden Oaks Lane Naples, FL 34119
Naples, FL 34109	Naples, FL 34119
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
Kathryn Bickford	
<u> </u>	Name
5961 Golden Oal	ks Lane
Florida stre	et address (P.O. Box <u>NOT</u> acceptable)
Naples, Florida,	<sub>FL</sub> 34119
City, S	state, and Zip
liability company at the place designated registered agent and agree to act in this cap	nd to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all etc 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:

MGRM	Kathryn Bickford	
	5961 Golden Oaks Lane	
	Naples, FL 34119	
MGRM	Daniel Cuenya	
	6440 Sable Ridge Lane	<del></del>
	Naples, FL 34109	
MGRM	David Wishtischin	
	2411 SW 40th St.	<u> </u>
	Cape Coral, 33914	
		OT DEC CO
<del></del>		
		SEE FLORE

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

Kathryn Bickford

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)