L08000015674

(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



900115975659

01/24/08--01045--017 **130.00

T. CLINE

FEB 1 3 2008

EXAMINER

SECRETARY OF STATE

EB 12 MM 10: 15

FLORIDA DEPARTMENT OF STATE **Division of Corporations**

January 25, 2008

VANESSA CARMO DE SOUZA 27060 BELL RIO DRIVE **BONITA SPRINGS, FL 34135**

SUBJECT: VANESSA "L.L.C." Ref. Number: W08000004182

We have received your document for VANESSA "L.L.C." and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to theend of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 308A00005426

COVER LETTER

TO:	Registration Division of C			
SUBJE	_{CT:} Vane	ssa Avelar "L.L.C.	***	
		(Name of Limi	ted Liability Company)	
The end	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this ma	tter to the following:	
,	Vanessa	Carmo de Souza		
•			(Name of Person)	
	Vanessa	Avelar "L.L.C."		
-			(Firm/Company)	
	27060 Be	elle Rio Drive		
-			(Address)	
	Bonita Sp	orings, Florida 341	35	
-		(Ci	ty/State and Zip Code)	
For furt	her information	concerning this matter, pleas	se call:	
Vane	essa Carn	no de Souza	at (239) 249 1886	6
•	(Nam	e of Person)	(Area Code & Daytime Tele	phone Number)
Enclose	ed is a check f	or the following amount:		
] \$125.€	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 C Tallahassee, FL 32301	

Attention: Tammi Cline

Letter # 308A00005426

I have made adjustments to the "L.L.C." name from Vanessa to Vanessa Avelar. Checking the fictitious names I believe this will not conflict with any other names out there.

In addition my check was sent with my first drafted document and I have attached the print out from my bank of my cashed check for the amount of \$130.00 with the corrected changes.

Best regards,

Vanessa Carom de Souza

2008 FEB 12 AMID: 15 SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Vanessa Avelar "L.L.C."	
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
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:
27060 Belle Rio Drive	27060 Belle Rio Drive
Bonita Springs, Florida 34135	Bonita Springs, Florida 34135
The name and the Florida street address of the revenue Name 27060 Belle Rio Drive Florida street address Bonita Springs, Florida	ess (P.O. Box NOT acceptable)
City, State, ar	<u> </u>
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per accept the obligations of my position as regist	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608 F.S.

(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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MORW — Managing Member	
MGRM	John Cobley
	27060 Belle Rio Drive
	Bonita Springs, Florida 34135
(Use attachment if necessary) CLE V: Effective date if other tha	on the date of filing:(OPTION)
CLE V: Effective date, if other tha effective date is listed, the date mu	on the date of filing: (OPTIONAL ust be specific and cannot be more than five business day
CLE V: Effective date, if other that effective date is listed, the date med days after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business day
CLE V: Effective date, if other that effective date is listed, the date med days after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business day lember or an authorized representative of a member.
CLE V: Effective date, if other that effective date is listed, the date med days after the date of filing.) REQUIRED SIGNATURE: Signature of a median (In accordance we of this document)	nember or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution of the constitutes an affirmation under the penaltics of perjury.
CLE V: Effective date, if other that effective date is listed, the date med days after the date of filing.) REQUIRED SIGNATURE: Signature of a median (In accordance we of this document)	nember or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penaltics of perjury. John Cobley
CLE V: Effective date, if other that effective date is listed, the date med days after the date of filing.) REQUIRED SIGNATURE: Signature of a median (In accordance we of this document)	nember or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution occupantitutes an affirmation under the penalties of perjury to tated herein are true.) John Cobley Typed or printed name of signee.
CLE V: Effective date, if other that effective date is listed, the date med days after the date of filing.) REQUIRED SIGNATURE: Signature of a mean (In accordance we of this document that the facts st	nember or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution occupantitutes an affirmation under the penalties of perjury to tated herein are true.) John Cobley Typed or printed name of signee.
CLE V: Effective date, if other that effective date is listed, the date med 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a median (In accordance we of this document)	nember or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution occupantitutes an affirmation under the penalties of perjury to tated herein are true.) John Cobley Typed or printed name of signee.
CLE V: Effective date, if other that effective date is listed, the date med days after the date of filing.) REQUIRED SIGNATURE: Signature of a mean (In accordance we of this document that the facts st	nember or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury tated herein are true.) John Cobley Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)