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TALLAHASSEE, FLORIDA

M. THOMAS

JUL 25 2008

EXAMINER



38525 WOODWARD AVE., SUITE 2000
BLOOMFIELD HILLS, MI 48304-5092
TELEPHONE: (248) 433-7200
FACSIMILE: (248) 433-7274
<http://www.dickinsonwright.com>

CHRISTOPHER C. MAESO
CMaeso@dickinsonwright.com
(248) 433-7501

July 17, 2008

Via First Class Mail

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

Re: 23 Strategies, LLC

Dear Sir/Madam:

Enclosed for filing please find the state's form cover letter and the Articles of Organization for Florida Limited Liability Company for 23 Strategies, LLC, together with the required \$130.00 filing fee made payable to the Florida Department of State.

Please file the enclosed and return the filed copy to me along with the Certificate of Status.

Thank you for your cooperation in this matter, and please call me at 248-433-7501 if you have any questions.

Very truly yours,

Christopher C. Maeso

CCM/bp
Enclosure
cc/enc: Michael A. Jordan

BLOOMFIELD 37859-1 930430v1

C o u n s e l o r s A t L a w

DETROIT BLOOMFIELD HILLS LANSING GRAND RAPIDS ANN ARBOR
WASHINGTON, D.C.

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 23 Strategies, 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:

Christopher C. Maeso

(Name of Person)

Dickinson Wright PLLC

(Firm/Company)

38525 Woodward Ave., Suite 2000

(Address)

Bloomfield Hills, MI 48304

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Christopher C. Maeso at (**248**) **433-7501**
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

23 Strategies, 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 principal office of the Limited Liability Company is:

Principal Office Address:

8700 Belle Meade Drive
Fort Myers, FL 33908

Mailing Address:

8700 Belle Meade Drive
Fort Myers, FL 33908

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:

Michael A. Jordan

Name

8700 Belle Meade Drive

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

Fort Myers, FL 33908

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..

X 
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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 _____

Michael A. Jordan _____

8700 Belle Meade Drive _____

Fort Myers, FL 33908 _____

(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:

X 

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.)

Michael A. Jordan _____

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA