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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. G. 2008 NOV 20 2008

LAW OFFICE
OF
CONRAD WILLKOMM, P.A.

1100 5TH AVE SOUTH, SUITE 409 ♦ NAPLES, FLORIDA 34102

November 18, 2008

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

RE: *Intrepid Builders, LLC*
Our File No.: 08W-285

To Whom It May Concern:

Enclosed please find a Cover Letter and Articles of Organization for filing,
together with our check in the amount of \$160.00 for the processing fee.

Please return a Certificate of Status and Certified copy to us in the enclosed self-
addressed envelope.

Thank you.

Sincerely,



W. Conrad Willkomm

WCW:cmf

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Intrepid Builders, 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:

Conrad Willkomm

(Name of Person)

Law Office of Conrad Willkomm, P.A.

(Firm/Company)

1100 Fifth Avenue South, Suite 409

(Address)

Naples, Florida 34102

(City/State and Zip Code)

For further information concerning this matter, please call:

Conrad Willkomm

(Name of Person)

at (239) 262-5303

(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:

Intrepid Builders, 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:

3460 3rd Avenue N.W.
Naples, Florida 34120

Mailing Address:

6052 Town Center Circle
Naples, Florida 34119

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:

Reid Schermer

Name

6052 Town Center Circle

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

Naples, Florida 34119_{FL}

City, State, and Zip

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TALLAHASSEE FLORIDA

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

James Longwell

3460 3rd Avenue N.W.

Naples, Florida 34120

MGRM

Reid Schermer

6052 Town Center Circle

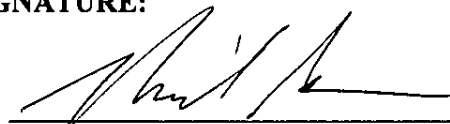
Naples, Florida 34119

(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:



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.)

Reid Schermer

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)