

L09000025829

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(Address)

(Address)

(City/State/Zip/Phone #)

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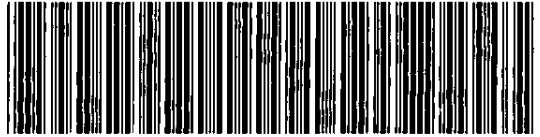
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2009 MAR 16 AM 11:25
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

C. LEWIS
MAR 17 2009
EXAMINER

TO: Registration Section
Division of Corporations

SUBJECT: CAPEVANDAM LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darrell R. Hill
DARRELL R. HILL, P.A.
1154 LEE BLVD, UNIT 6
LEHIGH ACRES, FLORIDA 33936

For further information concerning this matter, please call:

Darrell R. Hill at (239) 369-6106

Enclosed is a check for the following amount: \$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
OF
CAPEVANDAM LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the limited liability company is CAPEVANDAM LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

3827 17TH ST. WEST
LEHIGH ACRES, FLORIDA 33971

Mailing Address:

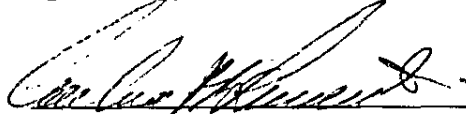
P.O. BOX 95
LEHIGH ACRES, FLORIDA 33970

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

CARLINE LAURENT
3827 17TH ST. WEST
LEHIGH ACRES, FLORIDA 33971

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..


CARLINE LAURENT

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

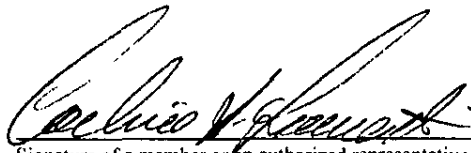
MGMR

CARLINE LAURENT
3827 17TH ST. WEST
LEHIGH ACRES, FLORIDA 33971

MGMR

PIERRE LAURENT
3827 17TH ST. WEST
LEHIGH ACRES, FLORIDA 33971

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.)

CARLINE LAURENT

Typed or printed name of signee


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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY CAPEVANDAM LLC, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is CAPEVANDAM LLC.
2. The name and the Florida street address of the registered agent and office are:
CARLINE LAURENT
3827 17TH ST. WEST, LEHIGH ACRES, FLORIDA 33971 (Post office box is NOT acceptable.)

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, Florida Statutes.


CARLINE LAURENT
Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA