# L09000038304

Office Use Only



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2009 APR 20 PM 2: 52
SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE APR 2 1 2009

**EXAMINER** 

# **COVER LETTER**

| TO: Registration Division of C |   |   |  |   |                 |
|--------------------------------|---|---|--|---|-----------------|
| SUBJECT: PLEI                  | ADES LLC  |   |  |   |                 |
| SUBJECT:                       |   | ted Liability Compa                                   | any)   |   |                 |
| The enclosed Articles          | of Organization and fee(s) are  | submitted for filing                                  | <b>5</b> .   |   |                 |
|                                | spondence concerning this man   |   |  |   |                 |
| Grant Eric                     | · -   |   |  |   |                 |
| Oran Lin                       | JN3011  | (Name of Person)                                      |  |   |                 |
| و مسو                          |   | ` ,   |  |   |                 |
| Erickson                       | & Jensen  | (F) (G  |  |   |                 |
|                                |   | (Firm/Company)  |  |   |                 |
| 1100 Shr                       | impboat Lane  |   |  |   |                 |
| <u> </u>                       |   | (Address)   |  | 7s  | 7200            |
| Fort Mye                       | rs Beach, Florida 3   | 3931  |  | LLA   | 2009 APR 20     |
|                                | (Ci   | ty/State and Zip Code                                 | )  | 200   | 22              |
| For further information        | n concerning this matter, pleas   | e call:   |  | SEE.  | APR 20 PM 2: 52 |
|                                |   |   |  | 7.0   | STP 2:          |
| Grant Erickson                 |   | _ at (  | 463-4050   |   | 56 K            |
| (Nam                           | e of Person)  | (Area Code  | e & Daytime Tele   | phone Number)   | 7               |
| Enclosed is a check t          | for the following amount:   |   |  |   |                 |
|                                | ✓\$130.00 Filing Fee & Certificate of Status  | \$155.00 Filing<br>Certified Copy<br>(additional copy | by   | \$160.00 Filing Fe<br>Certificate of Stat<br>Certified Copy<br>(additional copy is er | tus &           |
|                                | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registration of Clifton Boats 2661 Exe                | ourier Address<br>on Section<br>of Corporations<br>uilding<br>cutive Center Ci<br>ee, FL 32301 | ircle   |                 |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:<br>The name of the Limited Liability Compar                                  | ny ie-  |                        |            |
|--|---|------------------------|------------|
| The name of the Emined Elabinty Compar   | ny is.  |                        |            |
| PLEIADES LLC   |   |                        |            |
| (Must end with the words "Limited  | Liability Company, "L.L.C.," or "LLC.")   |                        |            |
| ARTICLE II - Address:  |   |                        |            |
| The mailing address and street address of t  | the principal office of the Limited L   | iability Company is    | s:         |
| Principal Office Address:  | Mailing Address:  |                        |            |
|  |   | FS Z                   |            |
| 1100 Shrimpboat Lane   | 1100 Shrimpboat Lane  |                        | Spirit See |
| Fort Myers Beach, Florida 33931  | Fort Myers Beach, Florida 33931   | 2009 APR SEGRET TALLAN | -          |
|  | <del></del>   |                        | -          |
| ADDICK DAIL DOLLA A D. C.  |   | O SEE                  |            |
| ARTICLE III - Registered Agent, Regis<br>The Limited Liability Company cannot serve as its own | tered Office, & Registered Agent' Registered Agent. You must designate an indiv | s Signature:           |            |
| business entity with an active Florida registration.)  | J   | 0=                     | •          |
| The name and the Florida street address of   | the registered agent are:   | SS<br>RIDA             |            |
| Grant Erickson   |   |                        |            |
| 1  | Name  |                        |            |
| 1100 Shrimpboa   | t Lane  |                        |            |
|  | eet address (P.O. Box NOT acceptable)   |                        |            |
|  |   |                        |            |

Fort Myers Beach, Florida 33931

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.

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                          | Grant Erickson                  |             |
|-------------------------------|---------------------------------|-------------|
| <del></del>                   | 1100 Shrimpboat Lane            |             |
|                               | Fort Myers Beach, Florida 33931 |             |
|                               |                                 |             |
| ·                             |                                 |             |
|                               |                                 |             |
|                               |                                 |             |
|                               |                                 |             |
|                               |                                 | THE SEC     |
|                               |                                 | ECR<br>LLA  |
|                               |                                 | APR APR     |
|                               |                                 |             |
| (Use attachment if necessary) |                                 | 0, P.       |
| (all minerally)               |                                 | 11.5<br>1.5 |

**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.)

## **Grant Erickson**

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)