

L090000049597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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MAY 21 2009

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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240 Pineapple Avenue, Suite 704  
Sarasota, Florida 34236  
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bbb@sarasotaelderlaw.com

**BACH ELDER LAW**

**BABETTE B. BACH, Esq., C.E.L.A.**

*Florida Board Certified*

Fredric C. Jacobs, Esq., *LLM Taxation, Of Counsel*

May 15, 2009

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

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TALLAHASSEE, FLORIDA

**Re: N74662, LLC**

Gentlemen:

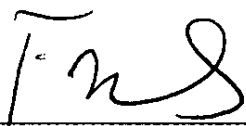
I enclose the following:

1. Articles of Organization;
2. Photo copy of the original to be certified;
3. Our check in the amount of \$155.00 payable to the Florida Department of State in payment of the filing fee (\$125) and for the certified copy (\$30);
4. A self addressed stamped envelope for the acknowledgment and certified copy.

Thank you.

Sincerely yours,

BACH ELDER LAW

By   
Fredric C. Jacobs, of Counsel

FCJ/lkm  
Enclosures

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: N74662, 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:

Fredric C. Jacobs, Esq.  
Name of Person

Bach Elder Law  
Firm/Company

240 Pineapple Avenue, Suite 700  
Address

Sarasota, FL 34236  
City/State and Zip Code

lesli@sarasotaelderlaw.com  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Fredric C. Jacobs at ( 941 ) 906-1231  
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:

N74662, 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:

1701 Hawthorne Street  
Sarasota, FL 34236

#### Mailing Address:

1701 Hawthorne Street  
Sarasota, FL 34236

### 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:

Robert B. Patten

Name

1701 Hawthorne Street

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

Sarasota, FL 34236

City, State, and Zip

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TALLAHASSEE, FLORIDA

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*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)

**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

Robert B. Patten  
1701 Hawthorne Street  
Sarasota, FL 34236

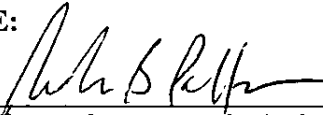
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SECRETARY OF STATE

(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.)

Robert B. Patten

\_\_\_\_\_  
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)**