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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

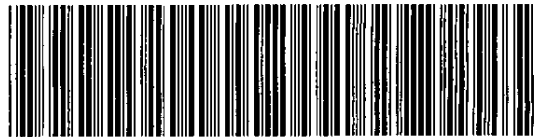
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Certified Copies _____

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FILED
2009 JUN -3 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

JUN - 4 2009

EXAMINER



Keldar Advisors LLC

Capital Asset Real Estate Services

520 White Plains Road, Suite 500
Tarrytown, New York 10591-5116
(914) 366-7340
eFax (914) 801-4667

Daniel G. Hayes, Manager
(914) 366-7341 • Email dhayes@keldaradvisors.com

June 2, 2009

By FEDEX (Standard)
Confirm (850) 245-6051

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

Re: Campo Felice LLC, a Florida limited liability company
- Initial Organization

Dear Madam or Sir:

I am writing to file the original Articles of Organization for the above limited liability company, together with a check made payable to the Florida Department of State in the amount of One Hundred Sixty Dollars (\$ 160) for the Filing Fee, Certificate of Status, and a Certified Copy of the filed Articles.

Please feel free to call me directly with any questions or comments you may have about this submission.

Very truly yours,


Daniel G. Hayes
Manager

Enclosures.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Campo Felice 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:

Daniel G. Hayes, Manager
Name of Person

Keldar Advisors LLC
Firm/Company

520 White Plains Road, Suite 500
Address

Tarrytown, NY 10591-5116
City/State and Zip Code

dhayes@keldaradvisors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel G. Hayes at (914) 366-7341
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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Campo Felice 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:

2797 First Street, Apt. 2001
Fort Myers, FL 33916
Attn Robert A. MacFarlane

Mailing Address:

2797 First Street, Apt. 2001
Fort Myers, FL 33916
Attn Robert A. MacFarlane

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 A. MacFarlane

Name

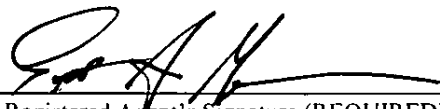
2797 First Street, Apt. 2001

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

Fort Myers 33916 FL

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)

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2009 JUN -3 PM 12:48
STATE OF FLORIDA
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:

MGR

Robert A. MacFarlane

2797 First Street, Apt. 2001

Fort Myers, FL 33916

MGR

Emilia Nuccio

2 Puritan Woods Drive

Rye, NY 10580

MGR

Daniel G. Hayes

520 White Plains Road, Suite 500

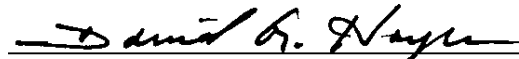
Tarrytown, NY 10591-5116

(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.)

Daniel G. Hayes

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)