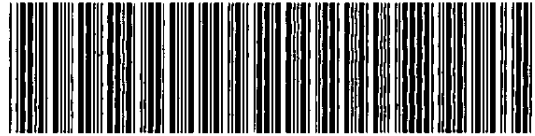


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08/05/09--01038--010 **160.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

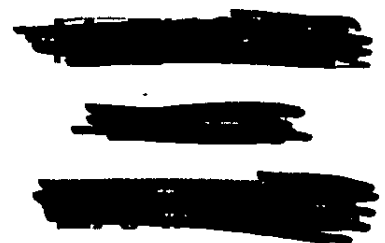
W09-35757
LOS-107868

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

OCT 9 2009

EXAMINER



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Willowbend 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:

Elisa Jane Thompson
Name of Person

Willowbend LLC
Firm/Company

6620 Peacock Lane
Address

Sarasota, Florida 34242-2511
City/State and Zip Code

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

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SECRETARY OF STATE

For further information concerning this matter, please call:

Elisa J Thompson at (941) 349-4262
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2009

ELISA JANE THOMPSON
6620 PEACOCK LANE
SARASOTA, FL 34242-2513

SUBJECT: WILLOWBEND LLC
Ref. Number: W09000035757

We have received your document for WILLOWBEND LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, it is not distinguishable from the name of an existing entity. Section 608.406 Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L05000107868.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 409A00026942

2009 OCT - 8 AM 9:48
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TALLAHASSEE, FLORIDA

WILLOWBEND RETREATS, LLC

October 5, 2009

Ms. Marsha Thomas
Regulatory Specialist II
FLORIDA DEPARTMENT OF STATE
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Thomas:

Attached per our telephone discussion is the amended title of our Company, Willowbend Retreats, LLC.
My current mailing address is 6620 Peacock Road, Sarasota, FL 43242.

Please let me know if there is any further information you may for this filing.

Thank you

Sincerely,



Elisa Thompson

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WillowBend RetREATS, 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:

RetREATS LLC
Willowbend
1254 15th St
Sarasota, FL 34236

Mailing Address:

RetREATS, LLC
Willowbend
6620 Peacock lane
Sarasota, FL 34242

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:

Elisa J Thompson
Name
6620 Peacock lane
Florida street address (P.O. Box NOT acceptable)
Sarasota FL 34242
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.

Elisa J. Thompson
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:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
<u>MGRM</u>	<u>Elisa J. Thompson</u> <u>6620 Peacock Lane</u> <u>Sarasota, FL 34242</u>
<u>MGRM</u>	<u>Leslie L. Conradt</u> <u>396 Avenida Madera</u> <u>Sarasota, FL 34242</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: [REDACTED] (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.)

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TALLAHASSEE
FLORIDA

REQUIRED SIGNATURE:

Elisa J. Thompson
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.)

Elisa J. Thompson
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)