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S. HAWKES
OCT 16 2009
EXAMINER



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508.679.5040

October 13, 2009

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

RE: Moonlight Bay Cottages LLC

Gentlemen:

Enclosed are Articles of Organization filed in duplicate regarding the above entity,
Moonlight Bay Cottages LLC.

Also enclosed is the filing fee in the amount of \$160 which represents the filing fee,
certificate of status and certified copy fee.

Please return all correspondence concerning this matter to Donald F. Ihlefeld, 4824 Pine
Island Road, Matlacha, FL 33993 and copy this office on all correspondence.

Very truly yours,

CORREIRA & IACONO LLP

By: 

Mark Iacono, Esq.

MI:ljl

Enclosures

Cc: Donald F. Ihlefeld

#2009-1077.SecofStateCoverLtr.MoonlightBay.ljl.10/13/09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Moonlight Bay Cottages 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:

Donald F. Ihlefeld

(Name of Person)

(Firm/Company)

4824 Pine Island Road

(Address)

Matlacha, FL 33993

(City/State and Zip Code)

For further information concerning this matter, please call:

Donald F. Ihlefeld

(Name of Person)

at (239) 283-5732

(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:

Moonlight Bay Cottages LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

4824 Pine Island Road

Matlacha, FL 33993

Mailing Address:

4824 Pine Island Road

Matlacha, FL 33993

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:

Donald F. Ihlefeld

Name

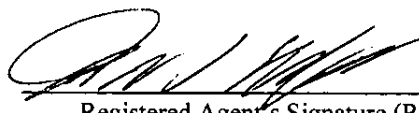
4824 Pine Island Road

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

Matlacha FL 33993

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Donald F. Ihlefeld

4824 Pine Island Road

Matlacha, FL 33993

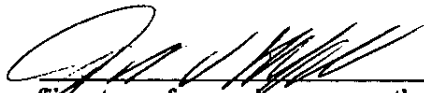
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09 OCT 15 PM 1:43
CLERK OF DISTRICT COURT
STATE OF FLORIDA

(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.)

Donald F. Ihlefeld

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)