L09000101038

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Carrier Line)		
(D		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
L. SELLERS		
007 0 0 0000		
OCT 2 0 2009		
EXAMINER		
I		

Office Use Only



800161793868

10/19/09--01032--006 **160.00

Tegra kilometriko erren bilandarian (2)

•

SECRETARY OF STATE

こうこう はない からればいませんがいいいかい おいってい

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: M, dd - 13 om Opera Heuse 32ea) To 1. 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:
Pobert O. Minor Name of Person
Midd-Rom opera House Bealty, "LLC.
1670 Winding Dalls Way, STI 201 Address
Naples, FL. 34109 City/State and Zin Code
Waples, FL. 34109 City/State and Zip Code drbubminor & gma, 1 - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert O: Mrnor at (443) 562-0676 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ 155.00 Filing Fee \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$\ (additional copy is enc
Mailing Address Street/Courier Address

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

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	:			
Mid-Rom Opera Hong (Must end with the words "Limited Liab	ility Company," "L.L.C.," or "LLC.")	LLC."		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
1670 Winding Daks Way STF. 201 Naples, FL 34109	1670 Winding Daks STF. 201 Waples, FL 341	3 Way		
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)				
The name and the Florida street address of the Robert O. Name	-			
Florida street address (P.O. Naples City, State, s	K5 W4 V, 577= 201 D. Box NOT acceptable) FL 34109 and Zip			
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete po accept the obligations of my position as regi	accept service of process for the abo this certificate, I hereby accept the a ty. I further agree to comply with th erformance of my duties, and I am fo	ippointment as e provisions of al amiliar with and		
Registered Agent's Signa	ture (REQUIRED)	09 OCT 19 SEURETAR TALLAHASS		
(CONTIN	IUED)	TILED OT 19 AM 8: AHASSEE FLO		

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Robert O. Minor 1670 Winding Daks Way, STE 201 Naples, F.L. 34109
mGR	Johnn h. MINDE 1670 WINDING DAKO WGY, STIE ZDI Maples, FL 34159
m6Rm	Melissa MINDY 529 Columbus Ave, ADT 11 Boston, MA, 02118
mea m	Robert Minding OGISS Way, STE 201 1670 Winding OGISS Way, STE 201
(Use attachment if necessary)	the state of the s
	he date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
Signature of a mem	to Menson. ber or an authorized representative of a member.
	section 608.408(3), Florida Statutes, the execution nstitutes an affirmation under the penalties of perjury herein are true.)
Rober	Typed or printed name of signee
Filing Fees:	- NEAR or Erange company of referen
\$125.00 Filing Fee for Articles of Or	ganization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)