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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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W09-54061



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 DEC 24 AM 10:02

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M. THOMAS

DEC 28 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPE WATER CONCEPTS 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:

KAI PFRETZSCHNER
Name of Person

CAPE WATER CONCEPTS LLC.
Firm/Company

3728 AGUALINDA BLVD. APT 302.
Address

CAPE CORAL, FL 33814
City/State and Zip Code

CAPE WATER CONCEPTS @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAI PFRETZSCHNER at 239.565.1987
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

December 14, 2009

KAI PFRETZSCHNER
3728 AGUALINDA BVLD, APT 302
CAPE CORAL, FL 33914

SUBJECT: CAPE WATER CONCEPTS LLC
Ref. Number: W09000054061

We have received your document for CAPE WATER CONCEPTS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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: 909A00037940

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAPE WATER CONCEPTS 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:

Mailing Address:

3728 AGUALINDA BLVD. APT 302
CAPE CORAL, FL 33914

3728 AGUALINDA BLVD. APT 302
CAPE CORAL, FL 33914

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:

KAL PFRETZSCHNER

Name

3728 AGUALINDA BLVD. APT 302

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

CAPE CORAL FL 33914

City, State, and Zip

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SECRETARY OF STATE
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..


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:

MGR

ANDREA PFRETZSCHNER
234 DAVID AVE.
LEHIGH ACRES, FL 33836

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

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.)

Andrea Pfretzschner
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)

2009 DEC 24 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(OPTIONAL)