Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000100465 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: FRANK H. FEE, III, ESQUIRE Account Name

Account Number : I19990000154 Phone : (772)461-5020

: (772)468-8461 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address. Cmoore@feederossfee.com

## FLORIDA LIMITED LIABILITY CO. JUPITER ISLAND INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

G. MCLEOD

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Corporate Filing Menu APR 28 2010 Help

**EXAMINER** 

## COVER LETTER

TO: Registration Division of C			
are an IIIDITE	ED ISLAND INVESTME	SIL STIN	
SUBJECT: JUPITE	ER ISLAND INVESTME Name of Limi	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this ma-	tter to the following:	
FRANK H FE	EE III ESQUIRE	_	
		Name of Person	
FEE DEROS	S & FEE PL		
		Firm/Company	
426 AVENUE	E A		
		Address	
FORT PIERO			
Amatan Ofac		ty/State and Zip Code	
cmoore@iee	derossfee.com E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, pleas	e call:	
CONNIE MOORE		at ( 772 ) 461-5020	•
	of Person	at ( 772 ) 461-5020 Area Code & Daytime Telep	phone Number
E - 14 i1 - 1 - 0			•
_	or the following amount:		
□\$125.00 Filing Fee	O\$130.00 Filing Fee & Certificate of Status	□\$155,00 Filing Fee & □ Certified Copy	\$160.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Ci	icle

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam			
The name of the Lin	nited Liability Co	mpany is:	
JUPITER ISLANI			
(Mus	t end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add			
The mailing address	and street address	s of the principal office of the Limited	Liability Company is:
Principal Office Ad	ldress:	Mailing Address:	
426 AVENUE A		426 AVENUË A	
FORT PIERCE FL 34950		FORT PIERCE FL 34950	
(The Limited Liability Combusiness entity with an act The name and the FI	npany cannot serve as it tive Florida registration. orida street addres	ss of the registered agent are:	dividual or another
<u> </u>	RANK H FEE III	<del></del>	APR 27
		Name	27 TA
4	26 AVENUE A		<b>3</b> 400
	Florid	a street address (P.O. Box NOT acceptable)	9: 35
	FORT PIERCE	FL 34950	မွ ခု
		City, State, and Zip	
liability company registered agent and statutes relating to	at the place design agree to act in thi the proper and co	nt and to accept service of process for the nated in this certificate, I hereby accept is capacity. I further agree to comply we mplete performance of my duties, and I was registered agent as provided for in	t the appointment as ith the provisions of all am familiar with and
	Registered Acc	nt's Signature (REQUIRED)	
	Technicien WRO	ne a prignarine (VECOTVED)	

(CONTINUED)

Page 1 of 2

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## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR ·	FRANK H FEE III
<del></del>	426 AVENUE A
	FORT PIERCE FL 34950
•	
·	
Use attachment if necessary)	
	the date of filing: (OPT)

\_\_\_\_

**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.)

FRANK H FEE III ESQUIRE AUTHORIZED REPRESENTATIVE

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)