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EXAMINER

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COVER LETTER

Registration Section Division of Corporations TO:

SUBJECT:	LIVING STRUCTURES OF	SOUTHWEST FLORIDA, LLC	
	Name of Limi	ited Liability Company	2655
			多
The enclosed A	rticles of Organization and fee(s) are	submitted for filing.	2011 MAR 24
Dianca raturn al	correspondence concerning this ma	ttar to the following:	2's 3 ****
ricase return an	correspondence concerning uns ma	itter to the following.	1
	STEPHEN W. BUG	CKLEY, ESQ.	AH III
	GOLDSTEIN, BUG	Name of Person CKLEY, CECHMAN,	الأربية مية
	RICE & PURTZ,		
		Firm/Company	
	P. O. BOX 2366	•	
	r. U. BUX 2300	Address	
	Fort Myers, FI	. 33902–2366	
	C	ity/State and Zip Code	
	carmengutto@ya	thoo.com	
	E-mail address: (to be used	for future annual report notification)	
For further info	rmation concerning this matter, pleas	se call:	
		00/ 11/6	
Stephen W	. Buckley, ESq. Name of Person	at (239) <u>334-1146</u> Area Code & Daytime Telephone Nu	mbor.
	Name of Person	Area Code & Daytime Telephone Nui	noer
Enclosed is a	check for the following amount:		
\$125.00 Filing 1	Fee \$130.00 Filing Fee &	X \$155.00 Filing Fee & \$160.0	0 Filing Fee,
\$125.00 1 ming	Certificate of Status		cate of Status &
		(additional copy is enclosed) Certifi	ed Copy
		(additio	nal copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section	Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
	Tallahassee, FL 32314	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:

LIVING STRUCTURES OF SOUTHWEST FLORIDA; 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:

Princi	pal Of	fice.	<u>Addr</u>	ess:

Mailing Address:

900 NW Embers Terrace Cape Coral, Florida 33993 900 NW Embers Terrace
Cape Coral, Florida 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:

CARMEN_D, GUTTO

Name

900 NW Embers Terrace

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

Cape Coral Florida 33993

Cape Coral, Florida 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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member	
MGR	Carmen D. Gutto
	900 NW Embers Terrace
	Cape Coral, Florida 33993
·	
	•
	
(Use attachment if necessary) LE V: Effective date, if other that	n the date of filing: . (OPTIO)
LE V: Effective date, if other than	n the date of filing: (OPTIO) ust be specific and cannot be more than five business o
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE:	n the date of filing: (OPTIO) ust be specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than the specific and cannot be more than five business of the specific and cannot be more than the specific and
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a multiple of a mu	ist be specific and cannot be more than five business of
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a multiple of a mu	ember or an authorized representative of a member. n 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a multiple of a mu	ember or an authorized representative of a member. n 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: (In accordance with section constitutes an affirmation I am aware that any false it constitutes a third degree it.)	ember or an authorized representative of a member. n 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) ARMEN D. GUTTO

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)