

L11000039185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

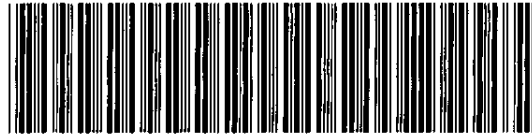
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200200084602

NOT INCURRED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2011 MAR 32 AM 10: 39

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

B. KOHR
APR 1 2011
EXAMINER

11 APR - 1 PM 12: 51

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 728463 7737857

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 150.00

ORDER DATE : March 31, 2011

ORDER TIME : 9:34 AM

ORDER NO. : 728463-005

CUSTOMER NO: 7737857

FILED OF STATES
SECRETARY OF CORPORATIONS
11 APR - 1 PM 12:51

DOMESTIC FILING

NAME: TARPON INVESTORS, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - EXT. 2962

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TARPON INVESTORS, 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:

R. Steven Groeper

Name of Person

Firm/Company

1808 Lagoon Lane

Address

Cape Coral, Florida 33914

City/State and Zip Code

debgroeper@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Ann Groeper

Name of Person

at (239) 220-8864

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

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 APR - 1 PM 12:51

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TARPON INVESTORS, 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:

1808 Lagoon Lane
Cape Coral
Florida 33914

Mailing Address:

1808 Lagoon Lane
Cape Coral
Florida 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:

R. Steven Groeper
Name

1808 Lagoon Lane
Florida street address (P.O. Box **NOT** acceptable)

Cape Coral FL 33914
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..

By: 
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
SECRETARY OF CORPORATIONS
11 APR - 1 PM 12:51

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

R. Steven Groeper

1808 Lagoon Lane

Cape Coral, Florida 33914

MGRM

Debra Ann Groeper

1808 Lagoon Lane

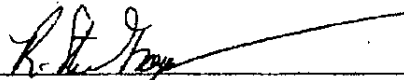
Cape Coral, Florida 33914

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

R. Steven Groeper

Typed or printed name of signer

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)