111000077661

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800209524718

07/05/11--01017--010 **130.00 Effective Date 7 | 1 | 11

ا کرینده



COVER LETTER.

	egistration ivision of	n Section Corporations		
SUBJECT	. Tall	Poppy Real Estate	LLC	
SUBJECT	•		ed Liability Company	
The enclos	ed Articles	s of Organization and fee(s) are	submitted for filing.	
Please retu	rn all corre	espondence concerning this mat	ter to the following:	
R	obert	Petersmith		
<u></u> :			Name of Person	
			Firm/Company	
d.	71 Hai	ppy Road		
	, , , , , ,	ppy riouu	Address	
No	eth Cou	et Muoro Florido 220	na	
140	rui For	rt Myers Florida 3390 Cit	y/State and Zip Code	
jud	lith@ta	llpoppy.com	•	
		E-mail address: (to be used	for future annual report notification)	
For further	information	on concerning this matter, please	e call:	
Judith C	Ottosen		at (239) 5655747	
	Nar	ne of Person	Area Code & Daytime Teleph	none Number
England i	ia a abaal	for the fellowing emount.		
		for the following amount:		01.00 00 EU
\$125.00 Fil	ing Fee	✓ \$130.00 Filing Fee & Certificate of Status		\$160.00 Filing Fee, Certificate of Status &
			(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
				(,
		Mailing Address Registration Section	Street/Courier Address Registration Section	
		Division of Corporations	Division of Corporations	
		P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Cir	rcle
		Turningovo, I is see I'T	Tallahassee, FL 32301	

Effective Date 7/1/11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	\mathbf{R}	Γ IC	LE	I -	Na	me:
---	--------------	-------------	----	-----	----	-----

The name of the Limited Liability Company is:

Tall Poppy Real Estate LLC	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	

ARTICLE II - Address:

Dringing | Office Address.

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
971 Happy Road	971 Happy Road
North Fort Myers	North Fort Myers
Florida 33903	Florida 33903

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:

Robert Petersmith	
Nar	me
971 Happy Roa	d
Florida street	address (P.O. Box NOT acceptable)
North Fort Myers	_{FL} 33903
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)

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:

MGR	Robert Petersmith 971 Happy Road
	North Fort Myers Fl. 33903
MGRM	Judith Ottosen
	971 Happy Road
	North Fort Myers Fl. 33903
	
Use attachment if nece	ary)
	her than the date of filing: 07/01/2011 (OPTION late must be specific and cannot be more than five business date

Signature of a number or an authorized representative of a member.

(In accordance with section 698.408(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.)

Judith Ottosen

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)