## L11000078398

(Re	(Requestor's Name)		
(Ad	dress)		
(Address)			
(Cit	y/State/Zip/Phone	<del>= #)</del>	
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
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07/05/11--01031--002 \*\*130.00

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FILED

## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
<sub>SUBJECT:</sub> Flor	idian Vantage LLC		
	Name of Limit	ed Liability Company	<del></del>
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
ludith (	Ottocon		
Judith (	Juosen	Name of Person	- Fr - E
		•	CRE TA
		Firm/Company	SSE A
071 Ha	nny Road		OF STA
3/11la	ppy Road	Address	SPA:
			₹ 🍎
North Fo	rt Myers Florida 339	03	
		ty/State and Zip Code	
judith@ta	Illpoppy.com	for future annual report notification)	
		•	
For further informati	on concerning this matter, pleas	e call:	
Judith Ottoser	1	at ( 239 ) 5655747	
Na	me of Person	Area Code & Daytime Telephone Nu	ımber
Enclosed is a check	k for the following amount:		
\$125.00 Filing Fee	₹\$130.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	00 Filing Fee, icate of Status & ied Copy onal 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:  Floridian Vantage LLC					
ARTICLE II - Address: The mailing address and street addres	s of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
971 Happy Road	971 Happy Road				

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:

Judith Ottosen

Name

971 Happy Road

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

North Fort Myers

**ARTICLE I - Name:** 

North Fort Myers Florida 33903

r: 33903

North Fort Myers

Florida 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:

<u>Title:</u>	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		77. <b>78</b>
MGR	David Kym Ramsay	THE T
	49A Dampier Ave	
	Flinders Park 5025 South Australia	SR G
MGRM	Ann Ramsay	TARK OF SEE. F
	49A Dampier Ave	95
	Flinders Park 5025 South Australia	舒 :
		<b>V</b> .
<del></del>		
•		
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(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the	ne date of filing: 07/01/2011	. (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.)		
<b>REQUIRED SIGNATURE:</b>	•	
11		
	$\overline{\Box}$	
Signature of a mem	ber or an authorized representative of a memb	er.
(In accordance with section 6	08 408(3) Florida Statutes, the execution of this	tocument

(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.)

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)