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2011 JUL 22 MIDE IN

T. CLINE
JUL 2 5 2011

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations				
SUBJECT:	James I	Devine L	LC		
	Name of Limit	ed Liability Co	mpany		
The enclosed Articles	s of Organization and fee(s) are	submitted for fi	ling.		
Please return all corre	espondence concerning this matt	er to the follow	ving:		
_	Jam	es Devin			
		Name of Person			
**************************************	Jam	es Devin	e LLC		
		Firm/Company			
	17274 San	Carlos B	lvd Suite	202	
		Address			
	Fort Mye	rs Beach.	FI. 33931	1	
		y/State and Zip C			
		rine60@ya			
	E-mail address: (to be used f	or future annual	report notification	n)	
For further information	on concerning this matter, please	e call:			
Jack M. Kahi	rnoff	_at (239	466.680	00	
Nan	ne of Person	Area C	ode & Daytime 1	Telephone Number	
Enclosed is a check	for the following amount:			BII JU	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	iling Fee & Copy copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy	
		(Madinonal)	Topy to ellerosed)	(additional copy is enclosed)	
	Mailing Address		/Courier Addre	ess P	
	Registration Section Division of Corporations		ration Section on of Corporati	ions	
	P.O. Box 6327 Tallahassee, FL 32314		n Building Executive Cente	er Circle	
	rananassee, FL 32314		iassee, FL 3230		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	: :	
	2	
	Devine LLC	
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the p	orincipal office of the Limited Liability C	Company is:
Principal Office Address:	Mailing Address:	
17274 San Carlos Blvd	17274 San Carlos Blvd	
Suite 202	Suite 202	
Fort Myers Beach, Fl. 33931	Fort Myers Beach, Fl. 33931	•
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate an individual or and	
James D		
· · · · · · · · · · · · · · · · · · ·		
17274 San Car	rlos Blvd Suite 202	
	idress (P.O. Box NOT acceptable)	
Fort Myers Beach	_{FL} 33931	
City, S	State, and Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg Registered Agent's Signal (CONTIN	this certificate, I hereby accept the appoint ity. I further agree to comply with the properformance of my duties, and I am familiant istered agent as provided for in Chapter i	ntment as visions of all y with and OFFICIETARY OFFI
Page 1 of	.⊳`` ∑	

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

GR" = Manager GRM" = Managing Member RM James Devine 17274 San Carlos Blvd Suite 202 Fort Myers Beach, Fl. 33931	
James Devine 17274 San Carlos Blvd Suite 202 Fort Myers Beach, Fl. 33931	
17274 San Carlos Blvd Suite 202 Fort Myers Beach, Fl. 33931	
Fort Myers Beach, Fl. 33931	
	<u></u>
	
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e attachment if necessary)	
s after the date of filing.)	
QUIRED SIGNATURE:	
Signature of a member or an authorized representative of a member.	
Signature of a member or an authorized representative of a member.	
(In accordance with section 608.408(3), Florida Statutes, the execution of this documer constitutes an affirmation under the penalties of perjury that the facts stated herein are I am aware that any false information submitted in a document to the Department of St	true.
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