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Effective Date 9-/5-//

J. SAULSBERRY EXAMINER

SEP 22 2011

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: FDS FARABEE 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:
CEDADD WILLIAM DOLLCCEALL
GERARD WILLIAM ROUSSEAU Name of Person
Firm/Company
5475 GOLDEN GATE BLVD
Address
NAPLES FLORIDA 34116
City/State and Zip Code
BILL@FDSDIRT.COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
16. In the morning this thatter, prease can.
at (239) 649-0600
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times 25.00 Filing Fee & Certificate of Status & 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTI	\mathbf{CL}	E	T	- Na	ame

The name of the Limited Liability Company is:

FDS FARABEE 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:

Mailing Address:

45030 FARABEE ROAD

PUNTA GORDA FL 33982

5475 GOLDEN GATE BLVD NAPLES FLORIDA 34116

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:

GERARD WILLIAM ROUSSEAU

Name

5475 GOLDEN GATE BLVD

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

NAPLES

_{FL} 34116

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> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	GERARD WILLIAM ROUSSEAU
	5475 GOLDEN GATE BLVD
	NAPLES FLORIDA 34116
MGRM	JEFFREY I REEVES
	14741 BOWFIN TERRACE
	LAKWOODWOOD RANCH FL 34202

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>SEPTEMBER 15TH</u>. (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.)

GERARD WILLIAM ROUSSEAU

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)