

L11000/40245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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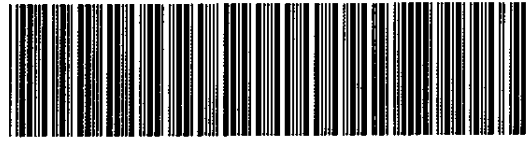
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 14 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Forty Seven lastmans, 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:

Bill Antar, CPA  
Name of Person

Cape Coral Tax &  
Accounting Services, LLC.  
3306 Del Prado Blvd. South  
Cape Coral, FL 33904

City/State and Zip Code

billantar@cape-taxes.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill Antar, CPA at (239) 540-7500  
Name of Person 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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FORTY SEVEN LOSTMANS, LLC.  
52 Kallaroo Road  
Riverview, NSW, 2066  
AUSTRALIA

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**ARTICLE II - Address:**

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

FORTY SEVEN LOSTMANS, LLC.  
52 Kallaroo Road  
Riverview, NSW, 2066  
AUSTRALIA

**Principal Office Address: Mailing Address:**

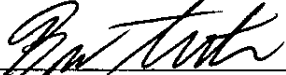
52 Kallaroo Road  
Riverview, NSW, 2066  
AUSTRALIA

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's  
Signature:**

The name and the Florida street address of the registered agent are:

BILL ANTAR, CPA  
CAPE CORAL TAX & ACCOUNTING SERVICES, LLC  
3306 DEL PRADO BLVD. S.  
CAPE CORAL, FL 33904

*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..*

 CPA  
\_\_\_\_\_  
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:

RV PROPERTY HOLDINGS, LLC.  
(Managing Member)  
52 Kallaroo Road  
Riverview, NSW, 2066  
AUSTRALIA

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**ARTICLE V: Effective date, if other than the date of filing:**

This LLC shall have perpetual existence, commencing upon the date of filing of these articles with the Florida Department of State.

**REQUIRED SIGNATURE:**

x 

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.)

x 

Typed or printed name of signee