L11000/41795

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddinose Entity Hame)
(Document Number)
(Eocument Number)
Contilled Continue Contilled to 1 Olympia
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
, i

Office Use Only



500214631255

12/16/11--01021--011 **130.00

20H DEC IS PHICE SECRETARY OF STATE

C. LEWIS

DEC 1 9 2011

EXAMINER

COVER LETTER

TO:	Registration of	on Section Corporations	
SUBJE	CT:	5414 Coronado Pa	arkway, LLC.
00101		Name of Limited	Liability Company
The end	closed Article	es of Organization and fee(s) are su	bmitted for filing.
Please	return all cor	respondence concerning this matter	to the following:
			N TODD
-	<u></u>	F	irm/Company
		3403 Winkler Av	enue Extension
•			Address
-			Florida 33916
		City/S j t@sunsetclubpr	State and Zip Code
-			future annual report notification)
For furt	her informat	ion concerning this matter, please c	all:
		HN TODD me of Person	Area Code & Daytime Telephone Number
Enclos	ed is a chec	k for the following amount:	
31 2 5.00	Filing Fee	▼\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

5414 Coronado Parkway, 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:

3403 Winkler Avenue Extension

Fort Myers, Florida 33916

3403 Winkler Avenue Extension Fort Myers, Florida 33916

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:

JOHN TODD

Name

3403 Winkler Avenue Extension

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

Fort Myers

33916

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)

Title: "MGR" = Manager "MGRM" = Managin		aging Member(s): ger or Managing Member is as follow Name and Address:	TALLAHASSEE, FL
MGRM		JOHN TODD	
		3403 Winkler Avenue	
		Fort Myers, Florida 33916	
			
			· -
(Use attachment if ne	cessary)		
CLE V: Effective date,	if other than the	date of filing: January 15th, 20	
CLE V: Effective date,	if other than the	date of filing: January 15th, 20 e specific and cannot be more than	
CLE V: Effective date, effective date is listed,	if other than the		
CLE V: Effective date, effective date is listed,	if other than the the date must be filing.)	e specific and cannot be more than	
CLE V: Effective date, effective date is listed, to days after the date of	if other than the the date must be f filing.)	e specific and cannot be more than	
CLE V: Effective date, effective date is listed, to days after the date of	if other than the the date must be filing.)	e specific and cannot be more than	
CLE V: Effective date, effective date is listed, to days after the date of REQUIRED SIGNA	if other than the the date must be filing.)	e specific and cannot be more than	five business days pri
CLE V: Effective date, effective date is listed, to days after the date of REQUIRED SIGNA (In accordance constitutes a 1 am aware to	if other than the the date must be filing.) ATURE: TURE: Ture of a member of affirmation under that any false information.	e specific and cannot be more than	five business days pri

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)