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T. HAMPTON

JAM - a

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJI	FCT. Prem	ier Sandals Realt	ty, LLC	
50 001			ed Liability Company	
The en	closed Articles o	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this mat	ter to the following:	
	Michael	F. Kayusa, Esqu	ire	
			Name of Person	
	Michael I	F. Kayusa, Attorn	ey at Law	
	•		Firm/Company	
	P.O. Box	2237		
			Address	· •
	Fort Mvers	, FL 33901		
			y/State and Zip Code	
		E-mail address: (to be used to	for future annual report notification)	
For fur	ther information	concerning this matter, please	e call:	
April	McDaniel		at (239) 334-8200	
	Name	of Person	Area Code & Daytime Telephone Nu	mber
Enclos	sed is a check for	or the following amount:		
\$125.00) Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	00 Filing Fee, cate of Status & ed Copy nal 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:	
Premier Sandals Realty, LLC	
(Must end with the words "Limited Liability Comp	any, "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: Mail	ing Address:
	Box 07027 Myers, FL 33919
Fort Myers, FL 33901 Fort	Wiyers, 1 L 30010
(The Limited Liability Company cannot serve as its own Registered Age business entity with an active Florida registration.) The name and the Florida street address of the register Michael F. Kayusa, Esquire Name 2400 First Street, Sui	ed agent are:
Florida street address (P.	
Fort Myers FL 3	3901
City, State, and	Zip
Having been named as registered agent and to accept liability company at the place designated in this cert registered agent and agree to act in this capacity. I fur statutes relating to the proper and complete performa accept the obligations of my position as registered of	ificate, I hereby accept the appointment as the ther agree to comply with the provisions of all nice of my duties, and I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member		
MGRM	Joni Willoughby	
	9159 Red Canyon Drive Fort Myers, FL 33908	_
	Fort Myers, FL 33908	_
	<u></u>	_
		_
		_
		<u> </u>
		_
		-
(Use attachment if necessary)		
LE V: Effective date, if other than the	e date of filing: (OPTIO	ONA
fective date is listed, the date must l days after the date of filing.)	be specific and cannot be more than five business	s day

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.)

Michael F. Kayusa
Typed or printed name of signific

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)