# L12000030565

(Requestor's Name)				
(Address)				
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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EXAMINER



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# **COVER LETTER**

TO: Registration Section Division of Corporation	.s				
SUBJECT: 2431 SECC	ND STREET	LLC			
SUBJECT:	Name of Limited L		iny		
The enclosed Articles of Organiza	tion and fee(s) are subn	nitted for filing	<b>J.</b>		
Please return all correspondence c	oncerning this matter to	the following	:		, 밀.
Michael F. Kay				A	12 MAR -1 AM 88 15
	Nan	ne of Person		,	R-C
Michael F. Kay	usa, Attorney	at Law			_ 吳 🤄
	Firm	n/Company			09
P.O. Box 2237					5
		Address			
Fort Myers, FL 33	3902				
<del></del>		te and Zip Code			_
mfk@mfkayusa.co			4 - 450 - 45		
	address; (to be used for fu	-	rt nonneanon)		
For further information concerning	g this matter, please call	l:			
April McDaniel	at a	239	334-8200		
Name of Person		Area Code	& Daytime Te	lephone Number	
Enclosed is a check for the foll-	owing amount:				
<u> </u>		\$155.00 Filin Certified Cop (additional copy	oy '	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	
Registri Divisio P.O. Bo	g Address ation Section on of Corporations ox 6327 assee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporation uilding coutive Center ee, FL 32301	ns	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

## 2431 SECOND STREET 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:	
2400 First Street	P.O. Box 2237	
Suite 303	Fort Myers, FL 33902	_
Fort Myers, FL 33901		_

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:

Michael F. Kayu	sa
	Name
2400 First St	treet, Suite 303
Florida	street address (P.O. Box NOT acceptable
Fort Myers	<sub>EL</sub> 33901
	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)

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Michael F. Kayusa 2400 First Street, Suite 303 Fort Myers, FL 33901 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_. (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.) Michael F. Kallusa Typed or printedname 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)