

L12000082100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

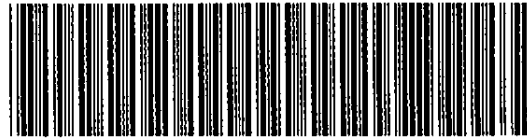
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 21 2012

EXAMINER

HINSHAW

& CULBERTSON LLP

June 19, 2012

VIA UPS OVERNIGHT

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: 6794 Pelican Bay, LLC

Dear Sir/Madam:

Please find enclosed an original and one (1) copy of Articles of Organization of 6794 Pelican Bay, LLC.

Please file the enclosed Articles and return **A CERTIFIED COPY** to the undersigned **VIA OVERNIGHT UPS** at 322 Indianapolis Blvd., Suite 201, Schererville, Indiana 46375. I have enclosed a preprinted UPS shipping label and envelope for your use.

I am also enclosing a check in the amount of One Hundred Sixty Dollars (\$160.00) to cover the filing fee.

Thanking you for your time and cooperation in this matter, I am

Very truly yours,

HINSHAW & CULBERTSON LLP



David K. Ranich
dranich@hinshawlaw.com

ATTORNEYS AT LAW

322 Indianapolis Blvd.
Suite 201
Schererville, IN 46375

219-864-5051
219-864-5052 (fax)
www.hinshawlaw.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DKR:wh
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 6794 PELICAN BAY, 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:

DAVID K. RANICH

Name of Person

HINSHAW & CULBERTSON LLP

Firm/Company

ONE EAST BROWARD BOULEVARD, SUITE 1010

Address

FT. LAUDERDALE, FLORIDA 33301

City/State and Zip Code

DRANICH@HINSHAWLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID K. RANICH

Name of Person

at (219) 864-5051

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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2012 JUN 20 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

6794 PELICAN BAY, 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:

6794 PELICAN BAY BOULEVARD
NAPLES, FLORIDA 33940

Mailing Address:

6794 PELICAN BAY BOULEVARD
NAPLES, FLORIDA 33940

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:

DAVID K. RANICH

Name

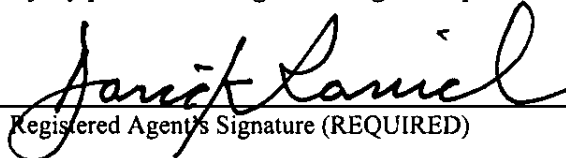
HINSHAW & CULBERTSON LLP, ONE EAST BROWARD BOULEVARD, SUITE 1010

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

FT. LAUDERDALE, FL 33301

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)

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JUN 20 AM 10:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

CAROL E. MASON
11266 WICKER AVENUE
CEDAR LAKE, INDIANA 46303

MGR

TIM MASON
10413 SILVER MAPLE DRIVE
SAINT JOHN, INDIANA 46373

MGR

KELLY LICHTER
8369 RIMINI WAY
NAPLES, FLORIDA 34114

MGR

TODD HOFER
761 WIRTZ ROAD
CROWN POINT, INDIANA 46307

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JUNE 20, 2012 (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.)

DAVID K. RANICH

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)

FILED
2012 JUN 20 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA