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DATE:

07-03-2012

NAME:

CALUSA PROJECT MANAGEMENT, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

\$155

RETURN: **CERTIFIED COPY** 

ACCOUNT: FCA00000015

ABBIE/PAUL HODGE **AUTHORIZATION:** 

# **COVER LETTER**

	ion Section of Corporations		
SUBJECT. Ca	lusa Project Manag	ement, LLC	
50B#EC1		ed Liability Company	
The enclosed Artic	les of Organization and fee(s) are	submitted for filing.	
Please return all co	rrespondence concerning this mat	ter to the following:	,
V. Ros	se Mercer, Paralega	al	77.
		Name of Person	SECRETARY OF STATE ALLAHASSEE. FLORIC
Akin G	Sump Strauss Hauer	& Feld LLP	HAR DE
		Firm/Company	-3 SSEI
1700 F	Pacific Avenue, Suite	4100	OF S
		Address	0R 99
Dallas,	Texas 75201		0,0 DA
	Cit	y/State and Zip Code	
rmercer(	@akingump.com  E-mail address: (to be used )	for future annual report notification)	·
For further informa	tion concerning this matter, please	-	
<del></del>	cer, Paralegal	at ( 214 ) 969-2773  Area Code & Daytime Telep	hone Number
Enclosed is a che	ck 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)
	Mulling 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 Ci Tallahassee, FL 32301	rcle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Al	RT	'IC	L.	E	T-	N	am	e:

The name of the Limited Liability Company is:

## Calusa Project Management, 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:

4851 Bonita Bay Boulevard, Sulte 804 Bonita Springs, Florida 34134

4851 Bonita Bay Boulevard, Suite 804 Bonita Springs, Florida 34134

## 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:

Paul A. Nussbaum

Name

4851 Bonita Bay Boulevard, Suite 804

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

**Bonita Springs** 

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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

/s/ PAUL A. NUSSBAUM

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:

MGRM	Waramaug Hospitality Asset Management, LLC
	4851 Bonita Bay Boulevard, Suite 804
	Bonita Springs, Florida 34134
	SECRETARY
	SECY.
	RIE 5
<del></del>	
(Use attachment if necessary)	
(Ose attachment if necessary)	
I F V. Effective data if other ther	the date of filing (OPTIONAL)
	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days p

## **REQUIRED SIGNATURE:**

## /s/ PAUL A. NUSSBAUM

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 penaltics 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.)

## Paul A. Nussbaum, Manager of Managing Member

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)