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SECRETARY OF STATE
TALLAHASSEF FI COME.

D. BRUCE
JUL 17 2012
EXAMINER

## **COVER LETTER**

	Registration Section Division of Corporations			
SUBJEC	T: 8150 Twin Lakes Drive, LLC  Name of Limited Liability Company			
The enclo	sed Articles of Organization and fee(s) are submitted for filing.			
Please ret	urn all correspondence concerning this matter to the following:			
	Christopher A. Roche Name of Person			
_	Law Office of Christopher A. Roche Firm/Company			
	229 N. Collier Boulevard			
_	Address			
	Marco Island, FL 34145		12 J	
_	City/State and Zip Code	HA MAHA MAHA MAHA MAHA MAHA MAHA MAHA M	۲	
_ <u>c</u>	ROCHE@MARCOCABLE.COM	SS	9	≓≥
	E-mail address: (to be used for future annual report notification)	200	7	
For further	For further information concerning this matter, please call:			
	•		52	
Chris	topher A. Roche at (239) 389-0700 Name of Person Area Code & Daytime Telephone Number		. •	
Enclosed	l is a check for the following amount:			
]\$125.00 F	iling Fee \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee & Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is en	us &		
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration Section			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is	;
8150 Twin Lakes Drive, LLC (Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Marco Island, FL 34145  ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registeres business entity with an active Florida registration.)	stered Agent. You must designate an individual or another
The name and the Florida street address of the  Christopher A. R	SERY OF EAST
Name 229 N. Collier B	
	Idress (P.O. Box NOT acceptable)
Marco Island City, S	FL 34145 tate, 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)

Page 1 of 2

EFFECTIVE DATE 7/12/12

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Christopher A. Roche 229 N. Collier Boulevard
	Marco Island, FL 34145
<del></del>	

ARTICLE V: Effective date, if other than the date of filing: <u>July 12, 2012</u>. (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:** 

(Use attachment if necessary)

Signature of a member of 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.)

Christopher A. Roche

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)

tivo certificate of ctatus (Optional)