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SECRETARY OF STATE STATE OF ST

COVER LETTER

TO: Registration Section **Division of Corporations** IGHTHOUSE WATCH TWO. 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: CARLA SCHARENBERG Name of Person LIGHTHOUSE WATCH TWO, LLC Firm/Company 3615 SW 7TH AVENUE Address CAPE CORAL, FL 33914 City/State and Zip Code CARLAC@CENTURYLINK.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CARLA SCHARENBERG , 850-6020 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee **S**130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GHTHOUSE WATCH TWO. 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:

4332 CORONADO PARKWAY CAPE CORAL, FL 33904

4332 CORONADO PARKWAY CAPE CORAL, FL 33904

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:

CARLA SCHARENBERG

Name

3615 SW 7TH AVENUE

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

CAPE CORAL

FL 33914 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..

(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	DIANNE E WATERHOUSE
	4332 CORONADO PARKWAY
	CAPE CORAL, FL 33904
MGRM	CARLA SCHARENBERG
	3615 SW 7TH AVENUE
	CAPE CORAL, FL 33914
	
Use attachment if necessary)	
EV: Effective date if other than th	ne date of filing: (OPT

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.)

CARLA SCHARENBERG

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)