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SEWRITARY OF STATE

B. BOSTICK

OCT 3 0 2012

EXAMINER

COVER LETTER

Division of Co		• .	,	
SURPECT. BBN	FISH CAMP, LL Name of Limite	c .		
SUBJECT: P	Name of Limite	d Liability Company	**************************************	_
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.		
Please return all correspo	ondence concerning this matte	er to the following:		
DAVID C	E. BARNES			
<u> </u>		Name of Person		
		Firm/Company	4	
225 MAX	UNTEE RO.		ALL S	
	,	Address	5. T	The second secon
WINTER	HARON, FL	33884-1446	338 2388	-0 (mgr
been 4	HARD, FL Per adi com	/State and Zip Code	FLOG	City
3.4	E-mail address: (to be used fo	r future annual report notification)	- 3	- (-
For further information c	oncerning this matter, please	call:	-	
DAVID BARN	165	at (<u>863</u>) 324-	3811	
Name o	f Person	Area Code & Daytime Te	lephone 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 Certificate of St Certified Copy (additional copy is	atus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	rincipal office of the Limited Liability Company is Mailing Address:
<u> </u>	
WINTER HAWN, FL 3344	WINTER HAVEN, FL. 33884
The name and the Florida street address of the DAVID E. DAV. Name 225 MANATOS Florida street address of the	registered agent are: Lo. dress (P.O. Box NOT acceptable) FL 33864
	FL 33864 ate, and Zip
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete per	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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	
MORM	ROBBET BITTHER 229 ERIE DRIVE
	229 ERIE DRIVE
44.0	NAPLES, FL 34110
MGRM	RICHARD NACCARATO
	10088 BOLA CIRCUS
	NARUS, FL. 34109
MGRM	DINIO BAZNES EX TO
	225 MANATES RO.
	WINREHAVER PL 338EA
(Use attachment if necessary)	Diff. (2)
ARTICLE V: Effective date, if other than the	date of filing: (OPTIONAL)
	e specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
MEGGINED SIGNATOR	7
La E. D.	·

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 of third degree felony as provided for in s.817.155, F.S.)

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)