130002423

(R€	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cid	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL :
(Bı	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
·		

Office Use Only

FEB 1 2 2013 G. McLEOD



200244512862

02/11/13--01020--021 **160.00

13 FEB II PHI2: 16

25

COVER LETTER

<u>)</u>.

ij.,

TO: **Registration Section Division of Corporations** 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: For further information concerning this matter, please call: Enclosed is a check for the following amount: **□**\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

business entity with an active Florida registration.)

(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:
21634 Brixhan Run Lap Estero FL 33928	21634 Brixhum Kun Lup Estero FL 33928
ARTICLE III - Registered Agent, Registere	

The name and the Florida street address of the registered agent are:

Name

Name

Name

No. 16 34 Brix han Ran Lasp

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

For the room of the property of the property

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

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Joseph R De falce 21634 Brighan Kun Lap
MGRM	Theresa A Defalce 21634 Brixham Ran Leap Estera FL 33928
 	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date musprior to or 90 days after the date of filing.)	st be specific and cannot be more than five business days

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.)

De falco
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)