

Apr. 16, 2013 2:47PM

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FRANK H. FER, III, ESQUIRE
Account Number : I19990000154
Phone : (772) 461-5020
Fax Number : (772) 468-8461

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: cmoore@feederossfee.com

FLORIDA LIMITED LIABILITY CO.
MOTORCOACH RESORTS OF ST. LUCIE WEST, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Apr. 16. 2013 2:47PM

No. 6551 P. 2

(850) 245-6051.

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MOTORCOACH RESORTS OF ST. LUCIE WEST, 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:

FRANK H. FEE, III, ESQUIRE

Name of Person

FEE, DeROSS & FEE, P.L.

Firm/Company

426 AVENUE A

Address

FORT PIERCE, FL 34950

City/State and Zip Code

cmoore@feederossfee.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK H. FEE, III, ESQ. at (772) 461-5020

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MOTORCOACH RESORTS OF ST. LUCIE WEST, 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:

426 Avenue A

Fort Pierce, Florida 34950

426 Avenue A

Fort Pierce, Florida 34950

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:

FRANK H. FEE, III

Name

426 Avenue A

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

Fort Pierce, Florida FL 34950

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

FRANK H. FEE, III

426 Avenue A

Fort Pierce, Florida 34950

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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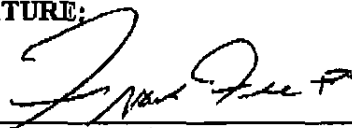
FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:



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.)

FRANK H. FEE, III, AUTHORIZED REPRESENTATIVE

Typed or printed name of signer

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)

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