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Effective Date 7/26/13

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUL 25 PM 2:47

13-108

JUL 26 2013

T. MARYTON

(850) 245-6051.

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Consolidated Development Partners, 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:

**J. Kemp Deming**

Name of Person

**Consolidated Development Partners, LLC.**

Firm/Company

**4100 Center Pointe Dr. Suite # 108**

Address

**Ft. Myers, Florida 33916**

City/State and Zip Code

**kemp@crcldev.com**

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

For further information concerning this matter, please call:

**J. Kemp Deming**

Name of Person

at ( **239** ) **825-6661**

Area Code & Daytime Telephone 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 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2013

J KEMP DEMING  
4100 CENTER POINTE DR  
STE 108  
FT MYERS, FL 33916

SUBJECT: CONSOLIDATED DEVELOPMENT PARTNERS, LLC  
Ref. Number: W13000041039

We have received your document for CONSOLIDATED DEVELOPMENT PARTNERS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 19, 2013. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 413A00017692

Effective Date 7/20/13

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Consolidated Development Partners, 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:**

4100 Center Pointe Dr.  
Suite # 108  
Ft. Myers, Florida 33916

4100 Center Pointe Dr.  
Suite # 108  
Ft. Myers, Florida 33916

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

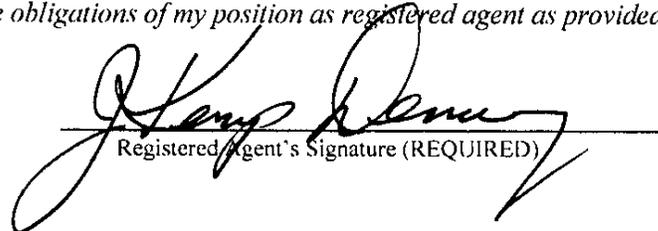
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

J. Kemp Deming  
Name

4100 Center Pointe Dr. Suite #108  
Florida street address (P.O. Box **NOT** acceptable)  
Ft Myers  
Naples FL 33916  
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

J. Kemp Deming

4100 Center Pointe Dr. Suite #108

Ft. Myers, Florida 33916

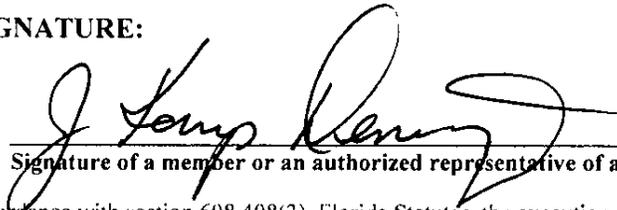
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: ~~7/1/2013~~ 7/26/13 (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.)

J. Kemp Deming  
\_\_\_\_\_  
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)

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