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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 13 2013

T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CABANA BLUE POOLS, 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:

WESLEY LYNN

Name of Person

CABANA BLUE POOLS LLC

Firm/Company

301 JESSICA STREET NORTH

Address

NOKOMIS, FL 34275

City/State and Zip Code

Cabanablue@comcast.net

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

For further information concerning this matter, please call:

Wesley Lynn at ( 941 ) 234-5500  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

# The Law Office of Adam R. Miller, P.L.

Adam R. Miller, J.D., LL.M. (Elder Law)

(941)488-9641 Phone

(941)484-9534 Fax

adam@AdamMillerElderLaw.com

218 Harbor Dr. S.

Venice, FL 34285

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March 7, 2014

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Cabana Blue Pools, LLC

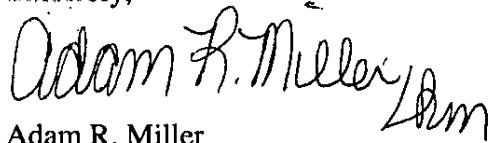
Dear Sir:

Please find enclosed in connection with the above captioned the following documents:

1. Cover Letter
2. Articles of Organization for Florida Limited Liability Company
3. Check #129 payable to Division of Corporation in the amount of \$125.00

If you have any questions please let me know.

Sincerely,

A handwritten signature in black ink that reads "Adam R. Miller". The signature is written in a cursive, flowing style. Below the signature, the name "Adam R. Miller" is printed in a standard black font.

Adam R. Miller

ARM/hm  
Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cabana Blue Pools 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:

301 N. Jessica St.  
Nokomis, FL 34275

Mailing Address:

P.M.B. 318  
1435 E. Venice Ave #104  
Venice FL 342

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:

Adam R. Miller, Esq  
Name

218 Harbor Dr South  
Florida street address (P.O. Box NOT acceptable)

Venice FL 34285  
City 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 605, F.S.*

La

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

President

**Name and Address:**

Wesley Lynn

301 N. Jessica St.

Northom, FL 34275

(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Wesley Lynn

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Wesley Lynn

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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