## 114000046398

Office Use Only



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MAR 2 0 2014 T CLINE

## **COVER LETTER**

TO:		tion Section of Corporations		
SUBJE	ст: <u>ћ</u>	Marina River Investmen		
		Name of Li	mited Liability Company	
The encl	losed Artic	eles of Organization and fee(s) a	re submitted for filing.	
Please re	eturn all co	orrespondence concerning this n	natter to the following:	
		Robert Forty		
			Name of Person	
	N	Marina River Investmen	ts, LLC	
			Firm/Company	
	1	3078 Milford Place		
			Address	<b>201</b>   SE   TAL
	F	ort Myers, FL 33913		2014 MAR SECRETO
			City/State and Zip Code	
	nort	y@sbcglobal.net	d for future annual report notification	<u>,                                    </u>
		•	·	ation)
For furth	er informa	ition concerning this matter, ple	ase call:	<b>42</b>
Robe	ert Forty	/ at (	630 , 803-5858	<del>بر</del> ن.
		Name of Person		lephone Number
		for the following amount:		<b>Y4</b>
\$125.00	Filing Fee	E □\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Sailing Address	Street/Courier Add	ress
		Legistration Section Division of Corporations	Registration Section Division of Corporat	ions
	P	O. Box 6327 Callahassee, FL 32314	Clifton Building 2661 Executive Cent	
		ananassee, 1 to 343 (4	2001 Executive Cent	ici Circic

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ne: mited Liability Company is:		
Mari	na River Investments, LLC		
	(Must end with the words "Limited L	iability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Ad The mailing addres	dress: s and street address of the principal offi	ce of the Limited Liability Con	npany is:
Principal Office A	ddress:	Mailing Address:	
13078 Milford	Place Fort Myers, FL 33913	13078 Milford Place F	ort Myers, FL 33913
(The Limited Liabi another business en	gistered Agent, Registered Office, & lity Company cannot serve as its own R nity with an active Florida registration.	egistered Agent. You must desi )	
	Robert Forty	<u> </u>	
	Name 13078 Milford Place		
		NOT accentable)	
	Florida street address (P.O. Box 1	<u> </u>	
		NOT acceptable)  FL 33913  Zip	
the place design capacity. I furthe	Florida street address (P.O. Box Fort Myers  City  d as registered agent and to accept serve the cated in this certificate, I hereby accept to a ragree to comply with the provisions of the I am familiar with and accept the obliging the control of the control of the cated and accept the obliging the control of the cated and accept the obliging the cated and accept the collisions.	FL 33913 Zip  ice of process for the above state the appointment as registered ag all statutes relating to the properations of my position as register 5,605, F.S	ent and agree to act in this er and complete performance

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager	<b>5</b> 1 1 5 1
AMBR	Robert Forty 13078 Milford Place Fort Myers, FL 339
	LSUZO WIIIIOTO FIACE FOIL WYEIS, FL 339
MGR	Eric Forty
	2044 W First St, Fort Myers, FL 33901
<del></del>	
	<del></del>
In attachment if negecomy)	
•	March 13, 2014
Use attachment if necessary)  V: Effective date, if other than the	te date of filing: March 13, 2014 (OPTIONAL)
V: Effective date, if other than the tive date is listed, the date must	te date of filing: March 13, 2014 (OPTIONAL) be specific and cannot be more than five business days prior to or 9
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V: Effective date, if other than the tive date is listed, the date must filling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 9.  Robert Jordy  f a member or an authorized representative of a member.
V: Effective date, if other than the tive date is listed, the date must filling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of (In accordance with sections)	Robert Forty  f a member or an authorized representative of a member.  ion 605.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the tive date is listed, the date must filling.)  VI: Other provisions, if any.  EFOURED SIGNATURE:  Signature of (In accordance with sect constitutes an affirmation I am aware that any false)	f a member or an authorized representative of a member.  ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.  en information submitted in a document to the Department of State
V: Effective date, if other than the tive date is listed, the date must filling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of the date must filling.)  Signature of the date must filling.	f a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. In information submitted in a document to the Department of State in felony as provided for in s.817.155, F.S.)
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