

L14 000065473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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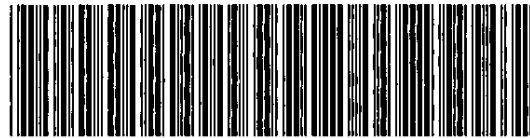
(Business Entity Name)

(Document Number)

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B. BOSTICK

APR 22 2014

EXAMINER

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Michael E. Roeder, AICP  
Director of Zoning  
and Land Use Planning

April 16, 2014

## REGISTRATION SECTION

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Re: Articles of Organization for Florida Limited Liability Company

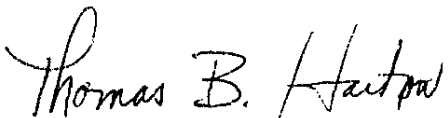
Dear Sir/Madam:

Enclosed please find original Articles of Organization for an LLC on behalf of C&S HOME RENTALS, LLC together with our check in the amount of \$125.00.

Please do not hesitate to contact me if you require any further information.

Very truly yours,

KNOTT EBELINI HART



Thomas B. Hart

TBH:pw

Encls:

Cc: Charles R. Robb

2014 APR 16 PM 3:03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C&S HOME RENTALS, 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:

3705 NE 11TH PLACE  
CAPE CORAL, FL 33909

SAME

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:

THOMAS B. HART, ESQUIRE

Name

KNOTT EBELINI HART, 1625 HENDRY ST., STE 301

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

FORT MYERS

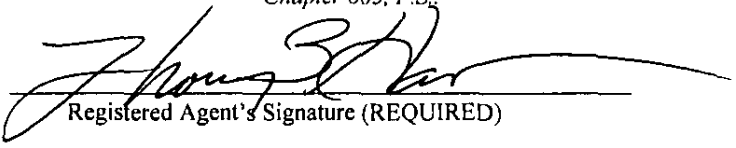
FL 33901

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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

CHARLES R. ROBB

3705 NE 11TH PLACE

CAPE CORAL, FL 33909

MGR

STEPHANIE A. ROBB

3705 NE 11TH PLACE

CAPE CORAL, FL 33909

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**



**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.)

CHARLES R. ROBB

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)