L14000083a59

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)
(Address)
(Address)
(City/State/Zip/Phone #)
(Citv/State/Zip/Phone #)
(- ·-,· - · · · · · · · · · · · · · · · ·
PICK-UP WAIT MAIL
(Business Entity Name)
(,,,,
(Document Number)
(Bodinest Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



000259538600

05/15/14--01009--002 **125.00

BIVISION OF STATES AND STATES

WAY 22 20Th

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SHEA'S AT LANSDOWNE ST. Name of Limited Liability Company	REET LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
CHARLES F. MAURER,	Jr.
Name of Person	
DEVELOPMENT ASSOCIATES	1
Firm/Company	
PO Box 366069	
Address	
BONITA SPRINGS FL 39	136
BONITA SPRINGS FL 39 City/State and Zip Code Charlie Clevels pment associates E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please call:	
CHARLES F. MAUREL, Mat (239) 992 Name of Person Area Code Day	19611 x 5 time Telephone Number
Englosed is a check for the following amount:	
\$125.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is encoded)	Certificate of Status &
Mailing Address Street/Couring Registration Section Registration	
Division of Corporations Division of C	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:			
SHEA'S AT LANSDOW (Must end with the words "Li	NE STREE	T LLC." or "LL	C.")
ARTICLE II - Address: The mailing address and street address of the princ			
Principal Office Address:	Mailing Ad	dress:	
720 5TH AVE S NAPLES FL 3+102	PO BONITO	OK 366069 A SPRINGS	<u>FL 341</u> 36
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis	s own Registered Age		e an individual or
The name and the Florida street address of the regiser of the register o	MAURER, Name HORE SLVD D. Box NOT acceptate FL 3 ept service of process accept the appointment is in some of all statutes re-	4103 Zip for the above stated lin nt as registered agent a lating to the proper an	nd agree to act in this d complete performance
	the obligations of my Chapley 601, E.S Signature (REQUIRE		gent as provided for in SERFICIANS SERFICIANS OF US HAY 15
(CON	ΓINUED)		
Pag	elof2		PM 3: 58

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	CHARLES F. MAUNER, JA. PO BOX 366069 BONITA SPRINGS FL 34-136
(Use attachment if necessary) E V: Effective date, if other than the decrive date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
EV: Effective date, if other than the d	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
EV: Effective date, if other than the dective date is listed, the date must be of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 da
EV: Effective date, if other than the dective date is listed, the date must be of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree fe	pember or in authorized representative of a member. 605.0203 (1) b), Florida Statutes, the execution of this document ider the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)
EV: Effective date, if other than the dective date is listed, the date must be of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree fe	pember or an authorized representative of a member. 605.0203 (1) b), Florida Statutes, the execution of this document ider the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State
EV: Effective date, if other than the dective date is listed, the date must be of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree fereign.	pember or in authorized representative of a member. 605.0203 (1) b), Florida Statutes, the execution of this document ider the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)

ARTICLE IV-

Page 2 of 2