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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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SECRETARY OF STATE
FALLAHASSEF, FI OF

JUN 1 9 2014 T. BROWN

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJ	ECT: BUCANEER BOAT CLUB, LL Name of	C Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning thi	is matter to the following:
	David E. Leigh	Name of Person
		Firm/Company
	5150 Tamiami Trail South, Suite	e 501 Address
	Naples, Florida 34103	City/State and Zip Code
_da	ave@davideleigh.com E-mail address: (to be	used for future annual report notification)
For fur	ther information concerning this matter,	
Dave	Leigh a Name of Person	Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:	
☑ \$125.0	0 Filing Fee ☐\$130.00 Filing Fee & Certificate of Status	
	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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	F. L. T.
BUCANEER BOAT CLUB, LLC	<u></u>
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5150 Tamiami Trail North, Suite 501 Naples, Florida 34103	5150 Tamiami Trail North, Suite 501 Naples. Florida 34103
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a	egistered Agent. You must designate an individual or)
David E. Leigh	
Name	
5150 Tamiami Trail North. Suit Florida street address (P.O. Box I	
Naples	FL 34103
City	Zip
the place designated in this certificate, I hereby accept a capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	tice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S

(CONTINUED)

Page 1 of 2

<u>l'itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager AMBR	David E. Leigh
AWDI	5150 Tamiami Trail North, Suite 501
	Naples, Florida 34103
AMBR	Mark Curtis
	5150 Tamiami Trail North, Suite 501
	Naples, Florida 34103
AMBR	Clifford Olson
	5150 Tamiami Trail North, Suite 501
	Naples. Florida 34103
AMBR	Brian F. Hill
	5150 Tamiami Trail North, Suite 501
	Naples, Florida 34103
V: Effective date, if other than the cive date is listed, the date must	ne date of filing:
Use attachment if necessary) V: Effective date, if other than the crive date is listed, the date must filling.) VI: Other provisions, if any.	ne date of filing:
V: Effective date, if other than the ctive date is listed, the date must filling.)	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
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