

L14000146842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

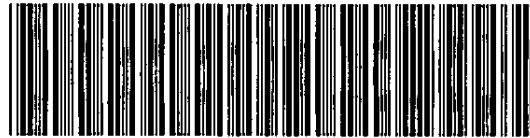
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

LAW OFFICES
COLLINS, McMAHON & HARRIS, P.L.L.C.
308 MAIN STREET
P.O. BOX 1623
BURLINGTON, VERMONT 05402-1623

JOHN J. COLLINS*
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ASHLEY GODIN, REGISTERED LAW CLERK
AUDREY ROBINSON, PARALEGAL

OF COUNSEL:
TAMARA S. CHASE - (802) 388-8013

TELEPHONE: (802) 862-3524
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FACSIMILE: (802) 862-1794

September 10, 2014

* Also admitted in NJ & CA
** Also admitted in NY
*** Also admitted in WI

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

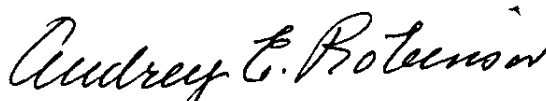
Re: Cave Island Ventures, LLC

Dear Sir/Madam:

Enclosed is a Cover Letter and Articles of Organization for the above-referenced LLC. Also enclosed is a check in the amount of \$130.00 for the filing fee and a Certificate of Status. Please forward the acknowledgment copy of the Articles of Organization as filed and the Certificate of Status to the undersigned. A postage prepaid envelope is enclosed for your convenience.

Thank you for your assistance. Please call if you have any questions.

Sincerely,


Audrey E. Robinson
Paralegal

Enclosures
cc: Jack A. Kane

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cave Island Ventures, 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:

John J. Collins, Esq.
Name of Person

Collins, McMahon & Harris, PLLC
Firm/Company

P.O. Box 1623
Address

Burlington, VT 05402-1623
City/State and Zip Code

jackakane@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John A. Kane at ((802)) 999-6769
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cave Island Ventures, 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:

18242 Via Caprini Drive
Ft. Myers, FL 33913

18242 Via Caprini Drive
Ft. Myers, FL 33913

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:

John A. Kane

Name

18242 Via Caprini Drive

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

Ft. Myers

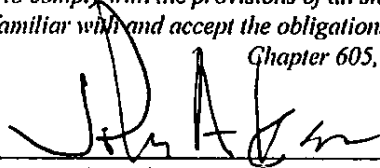
FL 33913

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)

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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

AMBR

Name and Address:

John A. Kane

18242 Via Caprini Drive

Fl. Myers. FL 33913

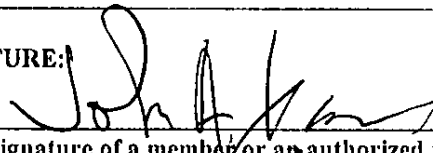
(Use attachment if necessary)

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.)

John A. Kane

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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