

L14000184374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

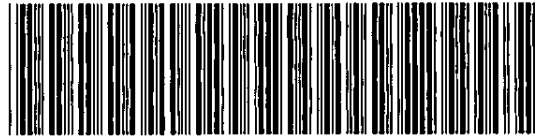
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000264875120

RECEIVED
DEPARTMENT OF STATE
14 DEC - 1 PM 4:29

FILED
14 DEC - 1 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 02 2014

S. YOUNG



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 396215 7989791

AUTHORIZATION :

Spivey

COST LIMIT : \$160.00

ORDER DATE : December 1, 2014

ORDER TIME : 3:46 PM

ORDER NO. : 396215-005

CUSTOMER NO: 7989791

DOMESTIC FILING

NAME: CAMPO FELICE MANAGEMENT LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

FILED
14 DEC -1 PM 3:41
STATE OF MISSISSIPPI
CLERK OF SUPREME COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Campo Felice Management 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:**2500 Edwards Drive
Fort Myers, Florida 339012500 Edwards Drive
Fort Myers, Florida 33901**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:

Rebekah MacFarlane

Name

2500 Edwards DriveFlorida 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.

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
14 DEC - 1 PM
SECRETARY OF
STATE
TALLAHASSEE, FL

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:**Robert MacFarlane
2500 Edwards Drive
Fort Myers, FL 33901MGROded Meltzer
2500 Edwards Drive
Fort Myers, Florida 33901

(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.)

Robert A. MacFarlane

Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

FILED
14 DEC -1 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA