

LI5000131999

(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



200274792762

TO APPROVAL
SUFFICIENCY OF FILING

15 AUG -5 PM 2:54

RECEIVED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 AUG -5 PM 3:36

AUG 05 2015

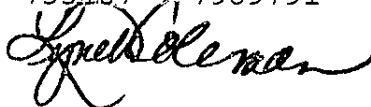
T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 733467 7989791

AUTHORIZATION :



COST LIMIT : \$ 160.00

ORDER DATE : August 4, 2015

ORDER TIME : 12:26 PM

ORDER NO. : 733467-045

CUSTOMER NO: 7989791

DOMESTIC FILING

NAME: CAMPO FELICE PHASE II EB-5
FUND 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: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Campo Felice Phase II EB-5 Fund 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:

Rebekah MacFarlane

Name of Person

Campo Felice Phase II EB-5 Fund LLC

Firm/Company

2400 First Street, Suite 214

Address

Fort Myers, FL 3916

City/State and Zip Code

rebekahmacfarlane@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebekah MacFarlane

646

812-6262

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

New Filing 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:

Campo Felice Phase II EB-5 Fund 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:

2400 First Street, Suite 214
Fort Myers, FL 33901

2400 First Street, Suite 214
Fort Myers, FL 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

2400 First Street, Suite 214

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

Fort Myers, FL 33901

City

State

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: Rebekah MacFarlane

Registered Agent's Signature (REQUIRED)

Rebekah MacFarlane

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 AUG -5 PM 3:36

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:

Campo Felice Phase II Management LLC

2400 First Street, Suite 214

Fort Myers, FL 33901

AMBR

Rebekah MacFarlane

2400 First Street, Suite 214

Fort Myers, FL 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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 MacFarlane

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 AUG -5 PM 3:36