

L16000000648

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LYONS & LYONS, P.A.
Account Number : I20030000061
Phone : (239) 948-1823
Fax Number : (239) 948-1826

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: rlyons@lyons-law.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
Bracken Harbor, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION
OF
BRACKEN HARBOR, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, under the provisions of Chapter 605 of the Florida Statutes (the "Act"), for the purpose of forming a limited liability company under the laws of the State of Florida, do set forth the following:

1. Name.

The name of the limited liability company is **BRACKEN HARBOR, LLC** (hereinafter referred to as the "Company").

2. Address.

Principal Office Address:

12548 Grandezza Circle
Estero, FL 33928

Mailing Address

12548 Grandezza Circle
Estero, FL 33928

3. Registered Agent.

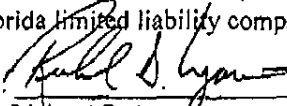
The name and the Florida street address for the registered agent are:

L&L PARA, LTD. CO.
27911 Crown Lake Boulevard, Suite 209
Bonita Springs, FL 34135

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..

L&L PARA, LTD. CO., a
Florida limited liability company

By:


Richard D. Lyons
Its: Manager

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4. Management.

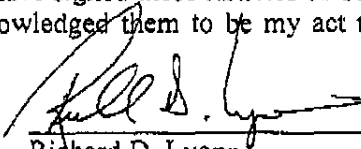
The overall management and control of the business and affairs of the Company shall be vested in a **manager** and the initial manager(s) shall be:

Title: **Name and Address:**

MGR **Hillary Tompkins**
12548 Grandezza Circle
Estero, FL 33928

Brice Tompkins
12548 Grandezza Circle
Estero, FL 33928

IN WITNESS WHEREOF, I, Richard D. Lyons, have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 4th day of January, 2016.


Richard D. Lyons

The Authorized Representative of a Member

STATE OF FLORIDA
COUNTY OF LEE

The foregoing instrument was acknowledged before me on the 4th day of January, 2016, by Richard D. Lyons, as the Authorized Representative of a Member, who ☒ is personally known to me or () produced _____ as identification.



(Seal)


Notary Public

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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