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SEP 20 2016

S. GILBERT

### **COVER LETTER**

TO: Registration Section Division of Corporations  U/F Lake / former CCC
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:  Size D. Jacobs  Name of Person
Island Homes Properties, LC Firm/Company
3767 Liberty Square
Fort Myers FL 33908  City/State and Zip Code  Island_homes LLC@yahoo, com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eric Jacobs at 239 7775458  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\frac{125.00 \text{ Filing Fee & Certificate of Status}}{Certificate of Status}  \$\frac{155.00 \text{ Filing Fee & Certificate of Status}}{Certified Copy}  \$\frac{160.00 \text{ Filing Fee, Certificate of Status & Certified Copy}}{Certified Copy}  \$\frac{160.00 \text{ Filing Fee, Certified Copy}}{Certified Copy}  \$16

# 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



July 20, 2016

ERIC D. JACOBS 3767 LIBERTY SQUARE FT. MYERS, FL 33908

SUBJECT: ISLAND HOMES PROPERTIES, LLC

Ref. Number: W16000050389

We have received your document for ISLAND HOMES PROPERTIES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P02000039016- ISLAND HOME PROPERTIES CO.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 816A00015190

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# $\textbf{ARTICLES} \ \textbf{OF} \ \textbf{ORGANIZATION} \ \textbf{FOR} \ \textbf{FLORIDALIMITED} \ \textbf{LIABILITY} \ \textbf{COMPANY}$

ARTICLE I - Name:

The name of the Limited Liability Company is:

The name of the Limited Liability Cor	mpany is:	1 40 11	111
Tolor	d Homas D	Lake Home	es LLC
(Must end with t	he words "Limited Liability Con	mpany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	s of the principal office of the L	imited Liability Company is:	
Principal Of	fice Address:	Mailing Ac	<u>ldress</u> :
3767 Liber	ty sq.	3767 Libert	y Sa.
Fort Myers,	FL 33908	FUT Myers,	FL 33908
ARTICLE III - Registered Agent, R (The Limited Liability Company cannother business entity with an active	ot serve as its own Registered A	d Agent's Signature: gent. You must designate an	individual or S
The name and the Florida street addre	ss of the registered agent are:	·	7
	Cric D.	Jacobs	
	Name	_	
	3161 Libert	y Square	<u>ි</u> ස
Fl	orida street address (P.O. Box )	(OT acceptable)	<b>9 0</b>
	FUP! TRYELS	PL 20408	
	City / State	Zip	
Having been named as registered agent place designated in this certificate, I here further agree to comply with the provision am familiar with and accept the obligation.	eby accept the appointment as re ons of all statutes relating to the p ons of my position as registered of	gistered agent and agree to a proper and complete perform agent as provided for in Chap Signature (REQUIRED)	ect in this capacity. I ance of my duties, and I
	Page 1 o	f2	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	For A Troops
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