L16000 187784

(Requestor's Name)
(Address)
(Address)
(**************************************
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cashioso Zini, Mario,
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:

Office Use Only

N. SAMS 0CT 1 1 2016



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2016

DOUG REICHARD 260 MARYLAND AVE. ENGLEWOOD, FL 34224

SUBJECT: SW FLORIDA MARINA MARKETING LLC

Ref. Number: W16000067111

We have received your document for SW FLORIDA MARINA MARKETING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

Please return 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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 816A00020990

Talked to someone who said to fax this all and it will be processed

SW Florida Marina Investors LLC

is not the same as SW Florida Marina Marketing LLC

which may have been the confusion.

Thank You

www.sunbiz.org 850 -245-6609

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

	gistration Section vision of Corporations	
SUBJECT:	SW Florida Mo	rina Marketing LLC imited Liability Company
The enclose	d Articles of Organization and fee(s)	are submitted for filing.
Please retur	n all correspondence concerning this	matter to the following:
		Name of Person
	SW Florida	Marina Investors LLC Firm/Company
	260 Marylan	d Ave. Address
-	dreichard	City/State and Zip Code © Stumppass marina, net
For further in	E-mail address: (to be use formation concerning this matter, please	ed for future annual report notification) use call:
-	Doug Reichard at (Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 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

SW Florida Marina Marketing LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
TICLE II - Address: mailing address and street address of the principal office of the	e Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
260 Maryland Ave. Englewood, FL 34224	260 Maryland Ave, Englewood, FL 34224			
the Limited Liability Company cannot serve as its own Registered to ther business entity with an active Florida registration.)	ed Agent. You must designate an individual or			
RTICLE III - Registered Agent, Registered Office, & Registered Che Limited Liability Company cannot serve as its own Registered nother business entity with an active Florida registration.) the name and the Florida street address of the registered agent are SW Florida Management.	ed Agent. You must designate an individual or			

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)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = ManagerAM BR	Douglas Reichard
	Douglas Reichard 260 Maryland Ave. Englewood, FL 34224
	Englewood, FL 34224
(Use attachment if necessary)	
•	
CLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
effective date is fisted, the date must ite of filing.)	be specific and cannot be more than five business days prior to or 90 days a
If the date inserted in this block does	s not meet the applicable statutory filing requirements, this date will not be list
ocument's effective date on the Depart	ment of State's records.
CLE VI: Other provisions, if any.	
CLE VI: Other provisions, if any.	
CLE VI: Other provisions, if any.	

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.

Doug Reichard
Typed or printed name of signee

Filing Fees:

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)