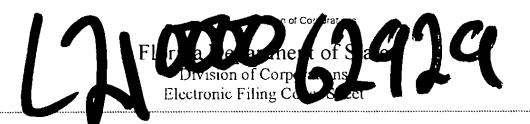
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| | Fax Number : (850)617-6381 | | 537 |
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| From: | | | |
| | Account Name : CORPORATION SER | VICE COMPANY | - |
| | Account Number : I20000000195 | | <u>- '</u> |
| | Phone : (850)521-0821 | | • • |
| | Fax Number : (850)558-1515 | | |
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Corporate Filing Menu

Electronic Filing Menu

Help

COVER LETTER

| TO: | New Filing Section Division of Corporations | | | | | |
|-----------------|---|-------------|---------------|--|--|--|
| eun m | Contessa Holdings, LLC | | | | | |
| SUBJE | CT: | Vame of Li | mited Liabi | lity Company | | |
| The enc | losed Articles of Organization a | nd fee(s) a | re submitted | I for filing. | | <u>ء</u> رد. |
| Please r | eturn all correspondence concer | ning this m | atter to the | following: | | |
| | Michael D. Gentzle, Esq. | | | | | - 報告 と - 2005 - 7 |
| | | *** | Name of | Person | | [1] |
| | Coleman, Yovanovich & K | oester, P.A | ·- | | | .2. |
| | | | Firm/Co | отралу | • | |
| | 4001 Tamiami Trail North, | Suite 300 | | | | - |
| | | - | Addi | ess | | - · · · · · · · · · · · · · · · · · · · |
| | Naples, FL 34103 | | | | | |
| | | | City/State ar | d Zip Code | | |
| | cnorman@eaglevallcyinc.co | | 1.5.6. | | | |
| For furthe | er information concerning this m | | | annual report notificati | ion) | |
| | Michael D. Gentzle, Esq. | 2 | 39 | 435-3535 | | |
| | Name of Person | | | Daytime Telephon | e Number | |
| Enclosed | d is a check for the following an | юunt: | | | | |
| ≣\$ 125. | 00 Filing Fee □S130.00 F Certificate ο | | Certifi | 5.00 Filing Fee & ed Copy al copy is enclosed) | S160.00 F Certificate of Certified Co (additional cop | f Status & py |
| | Mailing Address New Filing Section | | | Street Address New Filing Section Di | ivision | |
| | Division of Corporation P.O. Box 6327 | ons | | The Centre of Tallaha 2415 N. Monroe Stree | essec | |

Tallahassee, FL 32314

Tallahassee, FL 32303

| | | ntessa Holdings, L | | |
|---|--|---|---|------------|
| (Mu | st contain the words "Limited Li | iability Company, | "L.L.C.," or "LLC.") | |
| RTICLE II - Address: | | | | |
| he mailing address and s | treet address of the principal off | fice of the Limited | Liability Company is: | |
| P | rincipal Office Address: | | Mailing Address: | |
| | | | | ·7. |
| 8111 Bay Colony Drive, #701 | | 8111 | Bay Colony Drive, #701 | |
| Naples, FL 34 | 108 | Napl | es, FL 34108 | |
| | | | | |
| | | | | <u> </u> |
| | | | | :::: () |
| RTICLE III - Registere | ed Agent, Registered Office, & | Registered Agen | t's Signature: | 353 |
| | ed Agent, Registered Office, & | | | ርዓ ርዓ |
| The Limited Liability Co. | npany cannot serve as its own R | Registered Agent. N | it's Signature: 'ou must designate an individual | C.S. |
| The Limited Liability Co. | | Registered Agent. N | | ርዓ ርዓ |
| 'he Limited Liability Coi other business entity wi | npany cannot serve as its own R th an active Florida registration | Registered Agent, \ | | ርዓ ርዓ |
| The Limited Liability Connother business entity wi | npany cannot serve as its own R | Registered Agent, \ | | ርዓ ርዓ |
| 'he Limited Liability Coi other business entity wi | npany cannot serve as its own R th an active Florida registration street address of the registered a | Registered Agent, \ .) | | ርዓ ርዓ |
| 'he Limited Liability Coi other business entity wi | npany cannot serve as its own R th an active Florida registration street address of the registered a Michael D. Gentzle | Registered Agent. \ .) agent are: | | ርዓ ርዓ |
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(CONTINUED)

Registered Agent's Signature (REQUIRED)

4/004

The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address:

| MGR - Manager | | | |
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| (Use attachment if necessary) | | | |
| ARTICLE V: Effective date, if other than t (If an effective date is listed, the date mus the date of filing.) | the date of filing: | NAL) ior to or 90 days after | |
| Note: If the date inserted in this block do | es not meet the applicable statutory filing requirements, this d | late will not be listed a | ıs |
| the document's effective date on the Depa | rtment of State's records. | | |
| ARTICLE VI: Other provisions, if any. | | | |
| | | | |
| REOUIRED SIGNATURE: | Charles Control of the control of th | | |
| <u>REQUISE</u> SIGNATORE. | TVW | | |
| Signature of This document is | of a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florid | , Statutes | |
| | ny false information submitted in a document to the Department | | |

Michael D. Gentzle, Esq., Authorized Representative
Typed or printed name of signee

Filing Fees:

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

constitutes a third degree felony as provided for in 5.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

"AMBR" = Authorized Member

\$ 5.00 Certificate of Status (Optional)