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## COVER LETTER

. ,	··Forse Development, LLC				
SUBJECT	:Name of	Limited Liabi	lity Company	_	·
The enclos	sed Articles of Organization and feets	s) are submitted	d for filing.		
Please rett	irn all correspondence concerning thi	s matter to the	following:		
	Gordon Duncan		_		_
		Name o	f Person		
	Duncan & Associates, P.A.				
		Firm/C	ompany		_
	PO Box 249				
		Add	ress		-
	Fort Myers, FL 33902				
	gordon@duncanassociatesfl.com	City/State a	nd Zip Code	FAC	~
	E-mail address: (to be	ised for future	annual report notification)	2- 4	_ <u></u>
For further	information concerning this matter, p	lease call:		100 A	31 JUL 15
	Gordon Duncan	239	334-4574		*****
	Name of Person	Area Code	Daytime Telephone Number	: ·	AB 12: 33
Enclosed i	s a check for the following amount:				1.3
■\$125.00	O Filing Fee S130.00 Filing Fe Certificate of Status	: Certif	fied Copy Certification Copy is enclosed) Certified	00 Filing Fed ate of Status & I Copy I copy is encl	&
	Mailing Address  New Filing Section  Division of Corporations		Street Address New Filing Section Division The Centre of Tallahassee		

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liab	pility Company is:			
Forse Developme	nt. LLC			
(Must c	ontain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal c	office of the Limited	Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Addr	<u>ess</u> :
20129 Willow Be	nd Ct	2012	29 Willow Bend Ct.	
Estero, FL 33928			ro, FL 33928	
The name and the Florida stre	et address of the registered	i agent are:		
	Scott E. I ofse	Name		
	20129 Willow Bend	Cı.		
	Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)	
	Estero	FL	33928	
	City	State	Zip	
Having been named as registere place designated in this certifica further agree to comply with the am familiar with and accept the	nte, I hereby accept the app provisions of all statutes re obligations of my position	ointment as registere elating to the proper	ed agent and agree to act in and complete performance is provided for in Chapter	n this capacity. I se of my duties, and I

Title: "AMBR" = Authorized Member "MGR" = Manager	Same and Address: er
<u>MGR</u>	Scott E. Forse 20129 Willow Bend Ct. Estero, FL 33928
MGR	Courtland S. Forse 20129 Willow Bend Ct. Estero, FL 33928
MGR	Chase C. Forse 20129 Willow Bend Ct Estero, FL 33928
ective date is listed, the date m of filing.) The date inserted in this block o	n the date of filing:
EV: Effective date, if other tha ective date is listed, the date in of filing.)	ust be specific and cannot be more than five business days prior to or 90 days a locs not meet the applicable statutory filing requirements, this date will not be list
EV: Effective date, if other that ective date is listed, the date in of filing.)  'the date inserted in this block of ment's effective date on the De	ust be specific and cannot be more than five business days prior to or 90 days a locs not meet the applicable statutory filing requirements, this date will not be list partment of State's records.
EV: Effective date, if other that ective date is listed, the date mof filing.) The date inserted in this block of ment's effective date on the Detective d	ust be specific and cannot be more than five business days prior to or 90 days a locs not meet the applicable statutory filing requirements, this date will not be list
EV: Effective date, if other that ective date is listed, the date mof filing.) The date inserted in this block of ment's effective date on the Detective d	locs not meet the applicable statutory filing requirements, this date will not be listed partment of State's records.  Local member of an authorized representative of a member.  Is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.