Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. **Brickyard Hollow Fort Myers LLC**

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Help



COVER LETTER

TO:	New Filing Sec Division of Cor							
	Brickyard I	Hollow Fort Myers	LLC					
SUBJE	CCT:	Name	of Limi	ted Liabil	ity Company			
The en	closed Articles of	Organization and fo	ec(s) are	submitted	l for filing.			
Please	return all correspo	ondence concerning	this mat	ter to the	following:			
	Keith Long							
				Name of	Person		 _	
	Long Law, P	A.						
				Firm/Co	ompany		 ,	
	1306 SE 46tl	h Ln., Suite 1						
	<u>- </u>			Addı	css			
	Cape Coral /	Florida / 33904						
	kcith@longla	wfl.com	Cit	y/State an	ıd Zip Code			
		E-mail address: (to b	oc used f	or future a	annual report notifica	ation)		
For furth	er information co	ncerning this matter	, please	call:				
	Keith Long		239		400-2060			
)			
	Nam	e of Person	Are	a Code	Daytime Telepho	one Number	22 NOV 10	
Enclos	ed is a check for t	he following amoun	t:				- 10 10	•
≣\$12:	5.00 Filing Fee	□\$130.00 Filing Certificate of Sta		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	Certificate Certified C	Filing Fee, of Status &	
	<u>Mailir</u>	ng Address			Street Address			

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLESOF	ORGANIZATIONE	OKTORDALIMI	TED DARIETTY COMPANY	
ARTICLE I - Name:				
The name of the Limited Liabilit	y Company is:			
Brickvard Hollow Fort 1				
(Must conta	ain the words "Limi	ted Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ac	dress of the princip	oal office of the Lin	nited Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Addr	ess:
12251 ITEK Park Drive			mited Liability Company is: Mailing Address: 17142 Ashbomb Way Estero, FL 33928 Agent's Signature: gent. You must designate an individual or	
Fort Myers, FL 33913			Estero, FL 33928	
				
ADTICLE III Pagistanad Age	nt Pagistanad Off	ion & Danietnand	Agent's Signatures	
				lividual or
another business entity with an a			one i od mase dosignate an me	iii idaai oi
	g	,		
The name and the Florida street a	address of the regist	tered agent are:		
	Long Law, P.A.			
	Long Daw, T.A.	Name		
		148110		
	1306 SE 46th Ln.,	Suite i		
	Florida street ad	dress (P.O. Box <u>N</u> C)T acceptable)	
	Cape Coral	FL	33904	

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

22 KOV 10 FHI2: 35

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

AMBR. - Manager MBB. Amanda) Boldace [1714:1A decomb Way Estero, Pl. 33923 MBB. MBB. Marc Otto [1746:Schoomb Way Estero, Pl. 33925 MBB. Marc Otto [1746:Schoomb Way Estero, Pl. 33925 MBB. Marc Otto [1746:Schoomb Way Estero, Pl. 33925 MBB. (Use attachment if necessary) (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days atte of filing). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lists occurrent's effective date on the Department of State's records. (CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized representative of a member. 22	Title:	Name and Address:		
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