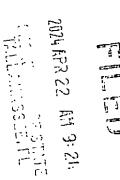
## [12] 81W17]

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 · Tallahassee, Florida 32301 (850) 224-8870 · 1-800-342-8062 · Fax (850) 222-1222

Please Debit FCA000000003 For: 125	·
Thank you Seth Neeley	<del> </del>
LIBARK VOU SEID INEELEV	
Art of Inc. File	
LTD Purtnership File	
Foreign Corp. File	
L.C. File	
Fictitious Name File	
Trade/Service Mark	
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Art, of Amend. File	[7] 2024 FFR
RA Resignation	
Dissolution / Withdrawal	- (C)
Annual Report / Reinstatement	
Cert. Copy	
Photo Copy	(i 2)
Certificate of Good Standing	·
Certificate of Status	
Certificate of Fictitious Name	
Corp Record Search	
Officer Search	
Fictitious Search	
Signature Fictitious Owner Search	
Vehicle Search	
Driving Record	
Requested by: UCC   or 3 File	
UCC 11 Search	
Name Date Time UCC II Retrieval	
Walk-In Will Pick Up Courier	

## **COVER LETTER**

	New Filing Sec Division of Cor				
SUBJEC		elopment, LLC		_	
002020	·-·· <u></u>	Name of Lin	nited Liability Company	<del></del>	
The enclo	osed Articles of	Organization and fee(s) ar	e submitted for filing.		
Please re	turn all correspo	ondence concerning this ma	atter to the following:		
	Susan L. Sze	glin			
			Name of Person		
	Goede, DeB	oest & Cross, PLLC			
	-	-	Firm/Company		
	6609 Willow	Park Drive, Second Floor	r 		
			Address		
	Naples, FL 3	34109			
			City/State and Zip Code		
	sbedyan@gac		I for future annual report notificati	ion)	
		·	· ·	ion)	
For further	r information co	ncerning this matter, pleas	e cail:		
	Susan L. Sze	glin 2. at (	331-5100	,	
	Nan		Area Code Daytime Telephon	e Number	702i, j
Enclosed	l is a check for t	he following amount:		· :	()
<b>□\$125</b> .	00 Filing Fee	□\$130,00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	<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

ARTICLE I - Name:				
The name of the Limited Lia	bility Company is:			
Cajun Developm	ent, LLC			<u>.</u> .
(Must o	contain the words "Limited I	Liability Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and stre	et address of the principal o	ffice of the Limited I	Liability Company is:	
<u>Prir</u>	icipal Office Address:		Mailing Addres	<u>ız</u> :
3336 Timberwoo	d Circle	3336	Timberwood Circle	
Naples, FL 3410:			s. FL 34105	
DTICLEH S				
RTICLE III - Registered	Agent, Registered Office,	& Registered Agen	t's Signature:	
The Limited Liability Comp	oany cannot serve as its own	Registered Agent. Y	ou must designate an indi-	vidual or
nother business entity with	an active Florida registratio	n.)		
he name and the Florida str	eet address of the registered	lagent are:		
		. 250		
	Brian O. Cross, Esq.	<u> </u>	<del> </del>	
		Name		
	Goede, DeBoest & C	rnee 6600 Willow	Park De 2nd Floor	
	Florida street addres.			
	t with succe and es	3 (1 .0. DON <u>110  </u> NC	ecpation)	
	Naples	FL	34109	
	City	State	Zip	
tving been named as register	red agent and to accept servi	ce of process for the	above stated limited liabili	ty company at the
ice designated in this certific	cate, I hereby accept the app	ointment as registere	d agent and agree to act in	this capacity. I
ther agree to comply with the	e provisions of all statutes re	chaling to the proper	and complete performance	of my duties, and I
ı jamutar wun апа ассері ін	e obligations of my positions	as registered agent a	s provided for in Chapter 6	i05, F.S
	/ / /			
	1//	r		
	House	ered Agent's Signati	ing CRECITIBEEN	. 2
	<sup>(A</sup> ce)	ered Agent's Signati	in (KnQOIKED)	177
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<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	David Mola
	3336 Timberwood Circle
	Naples, FL 34105
MGR	Angela Sweet
	3336 Timberwood Circle
	Naples, FL 34105
<del></del>	
EV: Effective date, if other than the ctive date is listed, the date must of filing.)	the date of filing:
EV: Effective date, if other than the ctive date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Department's effective date on the Department.	es not meet the applicable statutory filing requirements, this date will not be list
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of filing.) The date inserted in this block does ment's effective date on the Depar E VI: Other provisions, if any.	es not meet the applicable statutory filing requirements, this date will not be list attment of State's records.
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ARTICLE IV-