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Special Instructions to	Filing Officer	

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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

23083 HALLOW	EEN HOUSE LLC				
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Thank you Seth N	eelev				
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Walk-In	Will Pick Up		Courier		

COVER LETTER

	New Filing Section Division of Corporations		
SHR IFC	23083 HALLOWEEN HOUSE LL	LC	
30113120	F:Name of I	Limited Liability Company	
The enclo	sed Articles of Organization and fee(s)) are submitted for filing.	
Please ret	um all correspondence concerning this	s matter to the following:	
	DYLAN R. SHEA		
		Name of Person	
	GUARDIAN LEGAL	2 5.202	
		Firm/Company	
	12600 WORLD PLAZA, SUITE 63	3	
		Address	
	FORT MYER, FLORIDA 33907		
	DYLAN@MYGUARDIANLEGAL.C	City/State and Zip Code .COM	
	E-mail address: (to be use	sed for future annual report notification)	
For further	nformation concerning this matter, plea	ease call:	
	DYLAN R. SHEA	239 530-4300	
		Area Code Daytime Telephone Number	
Enclosed i	s a check for the following amount:		
\$125.00 F	iling Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 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 FLORIDALIMITED LIABILITY COMPANY

	***	Z 31			* *	
AR'	u	C	Lata.	1 -	n a	me:

The name of the Limited Liability Company is:

23083 HALLOWEEN HOUSE LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

c/o GUARDIAN LEGAL
12600 WORLD PLAZA, SUITE 63
FORT MYERS, FLORIDA 33907

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individua another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

GUARDIAN LEGA	l	
	Name	
12600 WORLD PLA	ZA, SUITE 63	
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
FORT MYERS	FL	33907
City	State	Zip

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..

/S/ DYAN R. SHEA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

7 81 9 11 3 1	R" = Authorized Member	Name and Address:
	' = Manager	CON DEADURE HALDING LLC
MGR		SRD PROPERTY HOLDINGS LLC 7901 4TH ST N STE 300
		ST. PETERSBURG, FLORIDA 33702
		31.1771710000000000000000000000000000000
MGR		INVESTMENTS BY GEMILLC
	 	9964 BISHOP CREEK WAY
		PUNTA GORDA, FLORIDA 33950
		
		~
)
(Use att	achment if necessary)	S S
		;
TCLE V: E	ffective date, if other than the c	date of filing: (OPTIONAL)
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DYLAN R. SHEA

Typed or printed name of signee

Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)