

Document Number Only

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C T Corporation System

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301

City

State

Zip

Phone

CORPORATION(S) NAME

he Carnassier LLC

700002768137-1

-02/08/99--01136--006

\*\*\*\*285.00 \*\*\*\*285.00

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☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☒ Limited Liability Company

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Limited Liability Partnership

☐ Fictitious Name

☐ Certified Copy

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

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**ARTICLE I - Name:**

The name of the Limited Liability Company is LeCarnassier LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 8729 LaPalma Lane, Naples, Florida 34109.

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be until December 31, 2035.

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name and address of the managing member is Dirigiste Deux LLC, 8729 LaPalma Lane, Naples, Florida 34109.



**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS**

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The undersigned member or authorized representative of a member of LeCarnassier LLC  
deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 500
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$3,600,000  
This total includes amounts from 2 and 3 above.

Dirigiste Deux LLC

By: 

**Signature of a member or authorized representative of a member.**

In accordance with Section 608.408(3), Florida Statutes, the execution of  
this affidavit constitutes an affirmation under the penalties of perjury that  
the facts stated herein are true.



**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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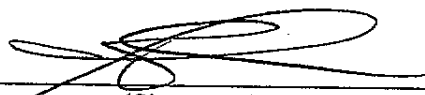
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.


1. The name of the limited liability company is LeCarnassier LLC.

2. The name and address of the registered agent and office is:

Thomas K. DeNomme  
8729 LaPalma Lane  
Naples, Florida 34109

*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.*

  
(Signature)

  
(Date)

**Filing Fee: \$35 for Designation of Registered Agent**