

L99000002527

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

700002862037--8

-05/04/99--01063--034

****285.00 ****285.00

Seventh Oasis LLC

☐ Profit

☐ NonProfit

☒ Limited Liability Company

☐ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Mergers

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ Limited Liability Partnership

☐ Certified Copy

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Other

☐ Change of R.A.

☐ Fictitious Name

☐ CUS/ G/S

☐ Call When Ready

☐ Call if Problem

☐ Will Wait

☐ After 4:30

☒ Pick Up

Name	Walk In
Availability	Mail Out
Docu	Name
Examiner	Availability
Updater	Document
Verifier	Examiner
Acknowledgment	Updater
W. P. Verifier	Verifier

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAY 4 PM 12:30

FILED

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

THANK YOU !

99 MAY 4 AM 10:55

CONNIE BRYAN

L99000002527

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Seventh Oasis LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
8889 Pelican Bay Blvd., Suite 403, Naples, FL 34108

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

William J. von Liebig Revocable Trust
Two N. LaSalle Street
Suite 2200
Chicago, IL 60602

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

N/A

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TALLAHASSEE, FLORIDA

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

N/A

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TALLAHASSEE, FLORIDA

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of Seventh Oasis LLC

certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 0;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 460,000;
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 460,000.



Signature of a member or an 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.)

Tara M. Anderson, Organizer

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

ATTACHMENT A
TO THE ARTICLES OF ORGANIZATION OF
SEVENTH OASIS LLC

Description of the property:

Legal Description:

Lot 8, Block A, Replat of parts Tiers 2 and 3, Plan of Naples.
Naples, FL, Collier County.

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TALLAHASSEE, FLORIDA

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

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: Seventh Oasis LLC

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

Hamilton Management Services, Inc.

(Name)

8889 Pelican Bay Blvd., Suite 403

(P.O. Box not acceptable)

Naples, FL 34108

(City/State/Zip)

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TALLAHASSEE, FLORIDA

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.

HAMILTON MANAGEMENT SERVICES, INC.

By: Linda Hamilton

(Signature)

Linda Hamilton, President

5/3/99

(Date)

FILING FEE: \$ 35 for Designation of Registered Agent