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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: 16174 Caldera Ln, LL	С
		ted Liability Company
The en	closed Articles of Organization and fee(s) are	submitted for filing.
Please	return all correspondence concerning this ma	tter to the following:
	Stanley Green, Esq	
		Name of Person
	Stanley Green Co. LPA	
		Firm/Company
	17000 St. Clair Ave.	-
		Address
(Cleveland, Ohio 44110	
		ty/State and Zip Code
	sgreen2822@sbcglobal.net E-mail address: (to be used	for future annual report notification)
For fur	ther information concerning this matter, pleas	e call:
Stan	ley Green	at (216) 509-1422
	Name of Person	Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:	
√ \$125.00	Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$\ \text{Certified Copy} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:			
16174 Caldera Ln, LLC				
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
4475 Dover Court #1103 Naples, Florida 34105	4475 Dover Court #1103 Naples, Florida 34105			
	ristered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are: Name agles Links Dr. street address (P.O. Box NOT acceptable) 133928			
Name St. O. F.				
20864 Gleneagles Links Dr.				
Florida street address (P.O. Box NOT acceptable)				
Estero,	FL 33928			
	City, State, and Zip			
liability company at the place designate registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S			

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Gus Nahra 4475 Dover Court #1103 Naples, Florida 34105 (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:**

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Gus Nahra

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)