

**L14000049336**

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To: Division of Corporations  
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From: Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
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Email Address: jfeller@slk-law.com

**FLORIDA LIMITED LIABILITY CO.  
Savona Ventures, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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J. HARRIS

H14000071532 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Savona Ventures, LLC

(Must end with 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:

17056 Marine Cove Lane  
Fort Myers, Florida 33908

17056 Marine Cove Lane  
Fort Myers, Florida 33908

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 individual or another business entity with an active Florida registration.)

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

John W. Hilbert II

Name

17056 Marine Cove Lane

Florida street address (P.O. Box **NOT** acceptable)

Fort Myers

City

FL 33908

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.*

*John W. Hilbert II*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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H14000071532 3

H14000071532 3

**ARTICLE IV-**

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

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager  
MGR

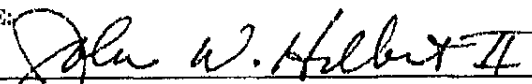
**Name and Address:**  
Jeff Ruggiero  
25350 US Highway 19 North  
Clearwater, Florida 33763  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(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.)

**ARTICLE VI:** Other provisions, if any.  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

John W. Hilbert II, Authorized Representative  
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)

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