

L15 000094121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

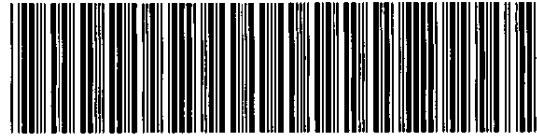
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/01/15--01001--007 \*\$125.00

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2015 MAY 29 AM 9:11  
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**CORPORATE  
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- CERTIFIED COPY** \_\_\_\_\_
- PHOTOCOPY** \_\_\_\_\_
- CUS** \_\_\_\_\_
- FILING** LLC \_\_\_\_\_

1. **Sadowski Management LLC**  
\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLES OF ORGANIZATION  
FOR  
SADOWSKI MANAGEMENT LLC  
FLORIDA LIMITED LIABILITY COMPANY

FILED  
2015 MAY 29 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - NAME:**

The name of the Limited Liability Company is: SADOWSKI MANAGEMENT LLC.

**ARTICLE II - ADDRESS:**

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

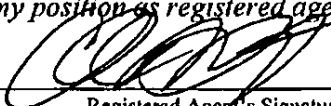
PRINCIPAL OFFICE ADDRESS:  
2390 Tamiami Trail North, Suite #204  
Naples, Florida 34103

MAILING ADDRESS:  
2390 Tamiami Trail North, Suite #204  
Naples, Florida 34103

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:** The Name and the Florida street address of the registered agent are:

Charles M. Kelly, Jr.  
Name  
2390 Tamiami Trail North, Suite #204  
Florida street address (P.O. Box **NOT** acceptable)  
Naples, Florida 34103  
City, State, and 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.*

  
Registered Agent's Signature

**ARTICLE IV - MANAGER(S) OF MANAGING MEMBER(S):**

The name and address of each Manager or Managing Member is as follows:

TITLE:

"MGR" - Manager  
"MGRM" = Managing Member

NAME AND ADDRESS:

STEVEN SADOWSKI - MGRM

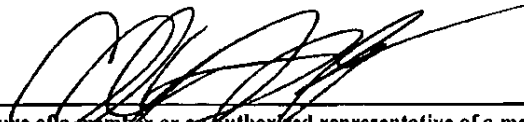
777 Park Shore Drive  
Naples, Florida 34103

(Use attachment if necessary)

**ARTICLE V - EFFECTIVE DATE**

The effective date of SADOWSKI MANAGEMENT LLC is May 29, 2015.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
(In accordance with §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 in §817.155, F.S.)

Charles M. Kelly, Jr

**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)**