

L1700052569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

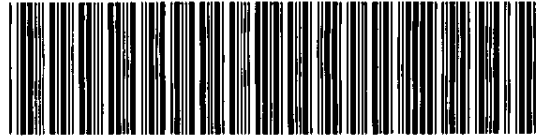
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
17 MAR 10 AM 10:15

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2017 MAR 10 PM 1:52
SECRETARY OF STATE
HALLMARK CENTER

C. GOLDEN

MAR 10 2017

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.INCserv.com
e-mail: info@incserv.com



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ORDER FORM

TO: Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corp-help@dos.myflorida.com
850-245-6051

FROM: Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE: 3/10/2017

PRIORITY: Routine

OUR REF. # (Order ID#): 563326

ORDER ENTITY:
23650 UNIT 1603 VIA VENTO LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

23650 UNIT 1603 VIA VENTO LLC (FL)

New LLC filing

Please provide a certified copy as evidence.

NOTES:

RETURN/FORWARDING INSTRUCTIONS:

If you should have any questions, please contact me at 656-7956.

Best regards,

Client Services Representative

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2017 MAR 10 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FL 32309

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2017 MAR 10 PM 1:52

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32399

23650 Unit 1603 Via Veneto 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:

23650 Via Veneto Unit 1603
Estero, Florida 34134

25 Canal Street
Mohawk, New York 13407

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:

Susan S. Laluk

Name

2460 Tatum Terrace

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

The Villages

Florida

~~32162~~ 32162

City

State

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..

Susan S. Laluk

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" - Authorized Member	Harrison J. Hummel III
"MGR" - Manager	25 Canal Street
<u>MGR</u>	<u>Mohawk, New York 13407</u>
<u>MGR</u>	Judith L. Hummel
 	25 Canal Street
 	<u>Mohawk, New York 13407</u>

(Use attachment if necessary)

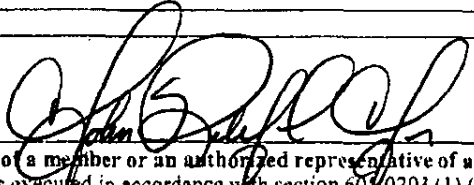
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 607.0203 (1) (b), Florida Statutes. 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.917.155, F.S.

John Kelepurovski, Jr., Esq., Authorized Person
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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA