

# L18000097892

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000125111 3)))



H180001251113ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED  
18 APR 20 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CUMMINGS & LOCKWOOD, LLC  
Account Number : 102336001100  
Phone : (239) 649-3101  
Fax Number : (239) 430-3344

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: rbgray22@gmail.com

FLORIDA LIMITED LIABILITY CO.  
554 Avellino Isles Circle Unit 13101, LLC

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

RECEIVED  
2018 APR 20 PM 2:28  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**FILED**  
**18 APR 20 AM 9:31**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
554 AVELLINO ISLES CIRCLE UNIT 13101, LLC**

**ARTICLE I  
Name**

The name of this limited liability company is 554 Avellino Isles Circle Unit 13101, LLC (the "Company").

**ARTICLE II  
Address**

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

5700 Hammock Isles Drive  
Naples, Florida 34119

**ARTICLE III  
Purpose**

The purpose for which the Company is organized is for any and all lawful business as a limited liability company.

**ARTICLE IV  
Duration**

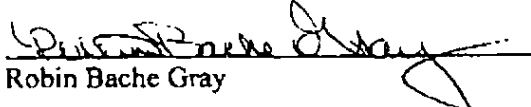
The period of duration for the Company is perpetual.

**ARTICLE V  
Registered Office and Agent**

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

Robin Bache Gray  
5700 Hammock Isles Drive  
Naples, Florida 34119

*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.*

  
Robin Bache Gray

FILED

18 APR 20 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE VI  
Management

The Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the initial manager of the Company are:

Robin Bache Gray  
5700 Hammock Isles Drive  
Naples, Florida 34119

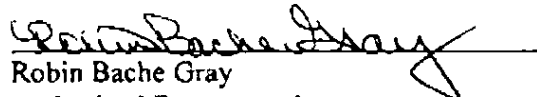
ARTICLE VII  
Limitation on Agency Authority of Members

Pursuant to section 605.04074, Florida Statutes, no member of the Company shall be an agent of the Company for the purpose of its business solely by virtue of being a member, and no member may bind the Company by taking any action solely by virtue of being a member.

ARTICLE VIII  
Written Operating Agreement

Any Operating Agreement entered into by the members of the Company, and any amendments or restatements thereof, shall be in writing. No oral agreement among any of the members or managers of the Company shall be deemed or construed to constitute any portion of, or otherwise affect the interpretation of, any written operating agreement of the Company, as amended and in existence from time to time.

Dated April 17, 2018.

  
Robin Bache Gray  
Authorized Representative

This document is executed in accordance with section 605.0203(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.817.155, F.S.