

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.

((H19000185199 3))



H190001851993ABCA

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

To: Division of Corporations  
 Fax Number : (850) 617-6361

From: Account Name : BOND, SCHONECK & KING, PLLC  
 Account Number : I20010000122  
 Phone : (239) 659-3800  
 Fax Number : (239) 659-3812

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 19 JUN 12 PM 5:23

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

Email Address: jlombardi@bsk.com

2019 JUN 12 PM 2:20

**FLORIDA LIMITED LIABILITY CO.**  
**68 McNamara LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

**C RICO**  
**JUN 12 2019**

((H19000185199 3))

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 68 McNamara LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeanette M. Lombardi, Esq.  
Name of Person  
Bond, Schoeneck & King, PLLC  
Firm/Company  
4001 Tamiami Trail N., Suite 105  
Address  
Naples, FL 34103  
City/State and Zip Code  
jlombardi@bsk.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeanette M. Lombardi at (239) 659-3800  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

19 JUN 12 PM 5:23  
RECEIVED  
DIVISION OF CORPORATIONS

((H19000185199 3))

((H19000185199 3))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

68 McNamara LLC

(Must contain 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:

c/o Jeanette M. Lombardi, Esq.  
4001 Tamiami Trail N., Suite 105  
Naples, FL 34103

c/o Jeanette M. Lombardi, Esq.  
4001 Tamiami Trail N., Suite 105  
Naples, FL 34103

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:

Jeanette M. Lombardi  
Name

4001 Tamiami Trail N., Suite 105  
Florida street address (P.O. Box **NOT** acceptable)

Naples                      FL                      34103  
City                          State                      Zip

*I 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.*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

((H19000185199 3))

19 JUN 12 PM 5:23

FILED  
SECRETARY OF STATE  
VISION CENTER BUILDING  
TALLAHASSEE, FLORIDA

((H19000185199 3))

**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	
"MGR" = Manager	
<u>AMBR</u>	<u>Shawn K. McNamara</u>
_____	<u>5555 N. Ocean Boulevard, #68</u>
_____	<u>Lauderdale by the Sea, FL 33308</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

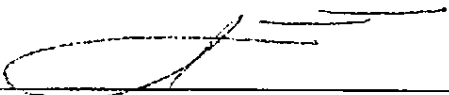
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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 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.

Jeanette M. Lombardi  
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)

((H19000185199 3))