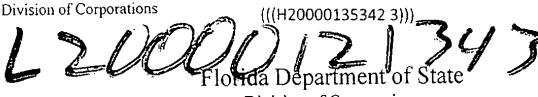
Page 1 of 2



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.

(((H20000135342 3)))



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)617-6321

From:

Account Name : GALBRAITH, PLLC Account Number : 120180000019 : (239)325-2300 : (239)325-1065 Fax Number

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

## FLORIDA LIMITED LIABILITY CO. 516 Turtle Hatch Lane, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

From: 2393251065

5-07-20 1:57pm p. 2 o

(((H20000135342 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

516 Turtle Hatch Lane, LLC	
(Must contain the words "Limited Liabi	lity Company "I ] C " or WI (C")
( commune words	ing company, b.c.c., or bbc. )
RTICLE II - Address:	
e mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
516 Turtle Hatch Lane	516 Turtle Hatch Lane
Naples, FL 34103	Naples, FL 34103
RTICLE III - Registered Agent, Registered Office, & Re	egistered Agent's Signature:
ne Limited Liability Company cannot serve as its own Regi	istered Agent. You must designate an individual or
	2

Galbraith Statutory Agent, LLC
Name

9045 Strada Stell Court, #106

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

 Naples,
 FL
 34103

 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## (((H20000135342 3)))

Title:	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
•	H (1 H- W
MGR	Henry Halle, III 516 Turtle Hatch Ln.
	Naples, FL 34103
	<u> </u>
	date of filing: (OPTIONAL)
EV: Effective date, if other than the ctive date is listed, the date must be filling.) the date inserted in this block does nent's effective date on the Department.	date of filing: (OPTIONAL)  se specific and cannot be more than five business days prior to or 90  not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the ctive date is listed, the date must be filling.) the date inserted in this block does ment's effective date on the Department's Other provisions, if any.	date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior to or 90  not meet the applicable statutory filing requirements, this date will no ment of State's records.
ective date is listed, the date must be filling.) the date inserted in this block does nent's effective date on the Department's Other provisions, if any.	date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior to or 90  not meet the applicable statutory filing requirements, this date will no ment of State's records.
EV: Effective date, if other than the ctive date is listed, the date must be filling.) the date inserted in this block does nent's effective date on the Department's Other provisions, if any.  REQUIRED SIGNATURE:	date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior to or 90  not meet the applicable statutory filing requirements, this date will no ment of State's records.
EV: Effective date, if other than the ctive date is listed, the date must be filling.) the date inserted in this block does nent's effective date on the Department's effective date on the Dep	date of filing:
EV: Effective date, if other than the ctive date is listed, the date must be filling.) the date inserted in this block does nent's effective date on the Department's effective date on the Dep	date of filing:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)