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121 JUL 23 PH 12: (

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 926666, 7977112

AUTHORIZATION :

COST LIMIT : \$ 130.00

ORDER DATE : July 23, 2021

ORDER TIME : 2:40 PM

ORDER NO. : 926666-005

CUSTOMER NO: 7977112

DOMESTIC FILING

NAME: SABRE PROPERTIES, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

XX __ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS:

2021 JUL 23 PM 12: 00

DocuSign Envelope ID: 4C40D50B-B0AC-40CA-979B-D9F276EA4F43

COVER LETTER

TO: New Filing S Division of C				
SABRE SUBJECT:	PROPERTIES, LLC			
	Name of L	imited Liability Company		
The enclosed Articles	of Organization and fee(s) a	ire submitted for filing.	282	
Please return all corres	pondence concerning this n	natter to the following:		المعنية مورد
Samuel F.	Colburn, Esq.		MEI JUL 23	3
		Name of Person	m.	Ф У
Woods, W	eidenmiller, Michetti & Ru	dnick, LLP	E.	0:27
		Firm/Company		9
9045 Strad	a Stell Court, Suite 400			
		Address	-	
Naples, FL	. 34109			
-		City/State and Zip Code		
scolbum@la	awfirmnaples.com			
		d for future annual report notificati	on)	
For further information of	oncerning this matter, pleas	se call:		
Samuel Col	burn 2 at (325-4070		
Na	me of Person A	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	

Mailing Address

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

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

SABRE PROPERTIES, 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:

2180 IMMOKALEE ROAD, SUITE 209	2180 IMMOKALEE ROAD, SUITE 209
NAPLES, FL 34110	NAPLES, FL 34110

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:

WWMR Statutory A	gent LLC	
	Name	
9045 Strada Stell Co	ourt, 4th Floor	
Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)
Naples	FL	34109
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)

(CONTÍNUED)

2021 JUL 23 PM 12: 06

ARTICLE IV-

"AMBR" = Manager MGR Tedd M. Wangler 180 Immokalee Road, Suite 209 Naples FL 34110 ARTICLE V: Effective date, if other than the date of filing: July 23, 2021 (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 at the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. Any and all lawful business. 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. Todd M. Wangler Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$3.000 Certificate of Status (Optional) \$5.000 Certificate of Status (Optional)	Title:	A4b!	Name and Address:		
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