

L24000247238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

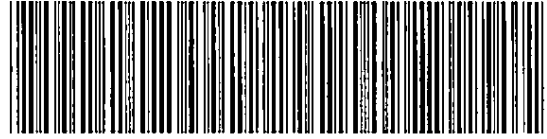
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200431018052

FILED
2024 JUN -5 AM 9:47
TALLAHASSEE, FL
STATE

RECEIVED
2024 JUN -5 AM 11:21
TALLAHASSEE, FL
STATE



CSC - Tallahassee
 1201 Hays Street
 Tallahassee, FL 32301-2607
 850-558-1500, Ext:

To: Department Of State, Division Of Corporations
 From: Shauna Godbolt
 Ext:
 Date: 06/05/24
 Order #: 1525400-1
 Re: VOLCANO MOUNTAIN GOLF, LLC
 Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: ^{130.00} ~~\$125.00~~ - FL State Account Number:

I20000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Shauna Godbolt

2024 JUN -5 AM 9:47
 DIVISION OF STATE
 TALLAHASSEE, FL

FILED

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: VOLCANO MOUNTAIN GOLF, 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:

Samuel F. Colburn, Esq.

 Name of Person

Woods, Weidenmiller, Michetti & Rudnick, LLP

 Firm/Company

9045 Strada Stell Court, Suite 400

 Address

Naples, FL 34109

 City/State and Zip Code

scolburn@lawfirmnaples.com

 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel Colburn at (239) 325-4070

 Name of Person Area Code Daytime Telephone Number

2024 JUN -5 AM 9:47
 DIVISION OF STATE
 TALLAHASSEE, FL
 FILED

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
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VOLCANO MOUNTAIN GOLF, 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:

9001 Sage Avenue
Naples, FL 34120

9001 Sage Avenue
Naples, FL 34120

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:

Claire Sweeney-Smith

Name

1029 Barcarnil Way

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

Naples

FL

34110

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.

DocuSigned by:

Claire Sweeney-Smith

Registered Agent's Signature (REQUIRED)

STATE
FALLAH
2024 JUN - 9 AM 9:47

FILED

(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Claire Sweeney-Smith
1029 Barcarmil Way
Naples, FL 34110

AMBR

Carter Smith
1029 Barcarmil Way
Naples, FL 34110

AMBR

Nolan Smith
1029 Barcarmil Way
Naples, FL 34110

(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.

DEPARTMENT OF STATE
 TALLAHASSEE, FL
 2024 JUN -3 AM 9:47
FILED

REQUIRED SIGNATURE:

DocuSigned by:
Claire Sweeney-Smith
C712B8ADCE0944C...

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.

Claire Sweeney-Smith
Typed or printed name of signer

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) FIN-53074