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Division of Corporations

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Florida Department of State

Division of Corporations

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To:

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Fax Number : (850)617-6381

From:

Account Name : GRANT COTTRELL PLLC

Account Number : 120200000034

Phone : (239)649-4848

Fax Number : (239)643-9810

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

Email Address: Jfaccone@pelicanbayrealty-fl.com**FLORIDA LIMITED LIABILITY CO.****7639-BP, LLC**

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ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
NAME

The name of the Limited Liability Company is:

7639-BP, LLC

ARTICLE II
ADDRESS

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

Principal Office:
5051 Castello Drive, Suite 30
Naples, FL 34103

Mailing Address:
5051 Castello Drive, Suite 30
Naples, FL 34103

ARTICLE III
DURATION

The period of duration for the Limited Liability Company shall be indefinite.

ARTICLE IV
MANAGEMENT

The Limited Liability Company is to be managed by Managing Members and the name and address of such Managing Members are:

FACCONE FAMILY, LLC
5051 Castello Drive, Suite 30
Naples, FL 34103

ARTICLE V
ADMISSION OF ADDITIONAL MEMBERS

Upon unanimous approval by the Members, the Company is authorized to issue additional Units in the Company and to admit Additional Members to the Company.

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FILED
2025 JUN -6 AM 8:23
CLERK OF DISTRICT COURT
NAPLES, FLORIDA

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ARTICLE VI
MEMBERS' RIGHTS TO CONTINUE BUSINESS

The remaining members of the company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE VII
REGISTERED AGENT

The name and address of the registered agent is:

FACCONE FAMILY, LLC
5051 Castello Drive, Suite 30
Naples, FL 34103

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 605.0113, Florida Statutes.

REGISTERED AGENT:


JOSEPH FACCONE, as managing member
of FACCONE FAMILY, LLC

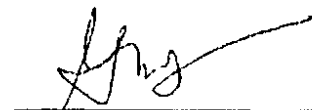
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These Articles are executed this 5 day of May, 2025 by the undersigned Initial Member of 7639-BP, LLC, pursuant to Section 605.0203(1)(b) of the Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

MANAGING MEMBERS:



JOSEPH FACCONI, as managing member
of FACCONI FAMILY, LLC



GINA FACCONI, as managing member of
FACCONI FAMILY, LLC