# 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.

(((H190001851993)))



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

To:

Division of Comporations

Fax Number : (850) 617-6381

From:

Account Name : BOND, SCHOENECK & KING, PLAC

Account Number : I20010000122 Phone : (239) 659-3800 Fax Number : (239)659-3812

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

Email Address: jlombardi@bsk.com

## 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

Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

6/12/2019

(((H19000185199 3)))

#### **COVER LETTER**

TO:	New Filing Section Division of Corporations
SUBJE	68 McNamara LLC
301011	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all con espondence concerning this matter to the following:
	Jeanette M. Lombardi, Esq.
	Name of Person
	Bond, Schoeneek & King, PLLC
	Firm/Company
	4001 Tamiami Trait N., Suite 105
	Address
	Naples, FL 34103
	City/State and Zip Code jlombardi@hsk.com
	E-mail address; (to be used for future annual report notification)
For lurth	er information concerning this matter, please call:
	Jeanette M. Lombardi 239 659-3800
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
	S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Trillahassee, FL 32314  Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tatlahassee, FL 32301

(((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: Mailing Address: Principal Office Address: c/o Jeanette M. Lombardi, Esq c/o Jeanette M. Lombardi, Esq. 4001 Tamiami Trail N., Suite 105 4001 Tamiami Trail N., Suite 105

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:

Naples, FL 34103

Jeanette M. Lombart	Name	
4001 Tamiami Trail	N., Suite 105	
The side states weldings	s (P.O. Box <u>NOT</u> ac	centable)
Libiton street address	3 (1.0. DOX <u>1071</u> ac	ccpiaoit)
Naples	FL	34103

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! 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)

#### (((119000185199 3)))

Title:	Name and Address:
AMBR* = Authorized Member MGR* = Manager	
AMBR	Shawa K. MeNamara
	5555 N. Ocean Boulevard, #68
	Lauderdale by the Sea, FL 33308
	of model ( 5 5 5 5 6 g
·····	
	· · · · · · · · · · · · · · · · · · ·
lice attachment if necessary)	
Use attachment if necessary)  EV: Effective date, if other than the date	of filing:
EV: Effective date, if other than the date of the date is listed, the date must be sp filling.)	e of filing:
EV: Effective date, if other than the date of the date is listed, the date must be sp filling.) the date inserted in this block does not the	secific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date of the date is listed, the date must be spartling.) The date inserted in this block does not next's effective date on the Department.	secific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date of the date is listed, the date must be sp filling.) the date inserted in this block does not the	secific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will no
CV: Effective date, if other than the date of the date is listed, the date must be splitting.) the date inserted in this block does not usent's effective date on the Department.	secific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will no
V: Effective date, if other than the date of the date is listed, the date must be splitling.)  The date inserted in this block does not usent's effective date on the Department.	secific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will no
V: Effective date, if other than the date of the date is listed, the date must be splitling.) he date inserted in this block does not lent's effective date on the Department. VI: Other provisions, if any.	secific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will no
V: Effective date, if other than the date attve date is listed, the date must be spanished.) The date inserted in this block does not lent's effective date on the Department. VI: Other provisions, if any.	secific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will no
CV: Effective date, if other than the date of the date is listed, the date must be splidling.)  the date inserted in this block does not bent's effective date on the Department CVI: Other provisions, if any.  REOURED SIGNATURE:	meet the applicable statutory filing requirements, this date will not of State's records.
CV: Effective date, if other than the date of the date is listed, the date must be splidling.)  the date inserted in this block does not bent's effective date on the Department CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a machine document is executed.	meet the applicable statutory filing requirements, this date will not of State's records.  ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b). Florida Statutes
CV: Effective date, if other than the date attive date is listed, the date must be splitling.) the date inserted in this block does not ment's effective date on the Department CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a machine document is executed and aware that any fuls.	meet the applicable statutory filing requirements, this date will not of State's records.  ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State
CV: Effective date, if other than the date of the date is listed, the date must be splidling.)  the date inserted in this block does not bent's effective date on the Department CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a machine document is executed and aware that any fuls.	meet the applicable statutory filing requirements, this date will not of State's records.  ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b). Florida Statutes
V: Effective date, if other than the date attive date is listed, the date must be sparing.)  the date inserted in this block does not cent's effective date on the Department VI: Other provisions, if any.  EFOURED SIGNATURE:  Signature of a mathic document is executed and aware that any fuls.	meet the applicable statutory filing requirements, this date will not of State's records.  ember or an authorized representative of a member at the discordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)