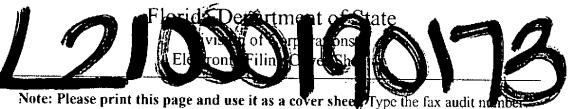
Division of Corporations



(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.

Account Number : I20200000174 Phone : (239)262-5303 Fax Number : (239)262-6030

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

Email Address: conrad@swfloridalaw.com

# FLORIDA LIMITED LIABILITY CO. 2201 Sunshine, LLC

Certificate of Status	1
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Page Count	03
Estimated Charge	\$160.00

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Corporate Filing Menu

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New Filing Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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• •	COVER LETTER " " " " " " " " " " " " " " " " " " "
то:	New Filing Section Division of Corporations
SUBJE	2201 SÚNSHINE, LLC
	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Amber R. Mondock, Esq.
	Name of Person
	Law Office of Conrad Willkomm, P.A.
-	Firm/Company
	3201 Tamiami Trail North, Second Floor
	Address
	Naples, FL 34103
	City/State and Zip Code amber@swfloridalaw.com
	E-mail address: (to be used for future annual report notification)
or further	information concerning this matter, please call:
	Amber 239 262-5303
*	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
□ <b>\$</b> 125.0	Of Filing Fee \$\Bigcup \$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\$\subset\$\$\$\subset\$\$\$\subset\$\$\$\subset\$\$\$\subset\$\$\$\subset\$
•	Mailing Address Street Address

New Filing Section Division

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: . The name of the Limited Liability Company is: 2201 SUNSHINE, 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: 2201 Sunshine Boulevard 3115 Tamiami Trail East Naples, FL 34116 Napics, FL 34112

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:

YOGESHK		PATEL Name		
				. ··
3115 Tamia				
Florida stre	et address (	P.O. Box NOT acc	ceptable)	
Naples		. Florida -	34112	) }

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..

Yoge Shkumar Patel
Oftshamar Patel (Apr 29, 2021 13:39 EDT)

Registered Agent's Signature (REOURED)

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	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	MGR	YOGESHKUMAR K PATEL 3115 Tamiami Trail East Naples, FL 34112
		·
•		
	(Use attachment if necessary)	
n efi date <u>e:</u> I	of filing.)	ic and cannot be more than five business days prior to or 90 da the applicable statutory filing requirements, this date will not be
is a	LE VI: Other provisions, if any.  n manager managed company. Any manager inters.	nny take any action on behalf of the company without consent of

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.

#### YOGESHKUMAR K PATEL

Typed or printed name of signee

### 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)