# SEP. 5.300 1F N: 40 PN/SA KNOT ONSOFS PA 62

# Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : HUMPHREY & KNOTT, P.A.

Account Number : 072100000455 Phone : (941)334-2722 Fax Number : (941)334-1446 DIVISION OF CORPORATIONS

Maf 19

# LIMITED LIABILITY COMPANY

Villa Firenze, LLC

Contificate affiliate	
Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The Name of the Limited Liability Company is: Villa Firenze, LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability company is: 9853 North Tamiami Trail, Suite 218, Naples, Florida 34108.

# ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are: George L. Consoer, Jr., Knott, Consoer, Ebelini, Hart & Swett, P.A., 1625 Hendry Street, Fort Myers, Florida 33901.

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 or in Chapter 608, F.S.

Registered Agent

#### **ARTICLE IV-Management**

The Limited Liability Company is to be managed by its members, and is, therefore a member-managed company.

> George/L. Authorized Representative

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)