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To:

Division of Corporations

Fax Number

: (850)205-0383

HLM

From:

Account Name : RICHARD G. COKER, JR., P.A.

Account Number ; I20010000145 Phone : (954)761-3636 Fax Number : (954)761-1818

LIMITED LIABILITY COMPANY

Collier City Development, LLC

RECEIVED

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VISION OF CORPORATIO

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TALLAMASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

COLLIER CITY DEVELOPMENT, LLC

ARTICLE II - Address

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

Richard G. Coker, Jr. 644 Southeast 5th Avenue Fort Lauderdale, FL 33301-3104

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management (Check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

■ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

lsrael Lewin 488 Southwest 5th Street Fort Lauderdale, FL 33315

Signature of a member or authorized representative of a member.

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

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is:	
	COLLIER CITY DEVELOPMENT, LLC	* <u>.</u>
2.	The name and address of the registered agent and office is:	
	Richard G. Coker, Jr. (Name)	
	644 Southeast 5th Avenue (P.O. Box or Mail Drop Box NOT acceptable)	*** · - ¹ - · · ·
	Fort Lauderdale, FL 33301-3104 (City/State/Zip)	
agree t proper	s been named as registered agent and to accept service of process for the above-stated limited liability may at the place designated in this certificate, I hereby accept the appointment as registered agent and on this capacity. I further agree to comply with the provisions of all statues relating to the and complete performance of my duties, and I am familiar with and accept the obligations of my	
	(Signature) 10/2/2602 (Date)	रहींचे . व

Filing Fee: \$35.00 for Designation of Registered Agent