Florida Department of State

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To:

Bivision of Corporations

Fax Number : (850)205-0383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620

Phone : (608)827-5300 Fax Number : (608)827-5501

LIMITED LIABILITY COMPANY

14691 Eden St., Florida LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION OF 14691 Eden St., Florida LLC

ARTICLE I

NAME

The name of the limited liability company shall be: 14691 Eden St., Florida LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 14691 Eden St., Ft. Myers, Florida 33908.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Cheryl LaRue, 14691 Eden St., Ft. Myers, Florida 33908. Located in the County of Lee.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2043

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Paul LaRue, 14691 Eden St., Ft. Myers, Florida 33908

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: 14691 Eden St., Florida LLC

The name and address of the registered agent and office is Cheryl LaRue, 14691 Eden St., Ft. Myers, Florida 33908. Located in the County of Lee.

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Signature: ______

Cheryl Lakue

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