Division of Corporations Public Access System

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(((H04000241820 3)))

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LIMITED LIABILITY COMPANY

Halcyon Partners LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
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H04000241820

ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

| A.R The | ne of the Limited Liability Company is: Halcyon Partners LLC | | | |
|----------------------------|--|--|--|--|
| A.P. The | CLE II - Address iling address and street address of the | principal office of the Limited Liability Company is: | | |
| <u>Pri</u> | al Office Address: | Mailing Address: | | |
| <u>50</u> | Ridge Oak Drive | 25066 Ridge Oak Drive | | |
| Вол | Springs, FT, 34134 | Bonita Springs, FL 34134 | | |
| | | | | |
| AJ Th | CLE III - Registered Agent, R me and Florida street address of the re | Registered Office & Registered Agent's Signature egistered agent are: Ron Ciccone Name | | |
| | | 25066 Ridge Oak Drive (P.O. Box or Mail Drop Box NOT Acceptable) | | |
| | | | | |
| | | Bonita Springs, FL 34134 (City / State / Zip) | | |
| Hi at ca of Ci | place designated in this certificate, ity. I further agree to comply with th | Ind to accept service of process for the above stated limited liability company I hereby accept the appointment as registered agent and agree to act in this is provisions of all statutes relating to the proper and complete performance accept the obligations of my position as registered agent as provided for in. | | |
| | | Lon Cicione | | |
| | Regis | stered Agent's Signature - Ron Ciccone | | |
| | | | | |

| A | ICLE IV - Manager(s) | or Managing Member(s): | H04000241820 | | |
|------------------|---|---|--------------|--|--|
| T | mme and address of each Manager or Managing Member is as follows: | | | | |
| <u>I</u> '''] | i R" = Manager RM" = Managing Member | Name and Address: | | | |
| ľ | <u>RM</u> | Ron Ciccone-25066 Ridge Oak Drive, Bonita Spring | rs, FL 34134 | | |
| ľ | RM | Joan Ciccone-25066 Ridge Oak Drive, Bonita Springs, FL 34134 | | | |
| _ | | | | | |
| - (1 | attachment if necessary) | | | | |
| F | UIRED SIGNATURE: | | | | |
| | | Low Cione | _ | | |
| | Signatu | re of a member or authorized representative of a member | - | | |
| | document | dance with section 608.408(3), Florida Statutes, the executi i constitutes an affirmation under the penalties of perjury the ein are true.) | | | |
| | | Ron Ciccone | <u> </u> | | |
| | | Typed or printed name of signee | | | |