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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<u>.</u>
(Cit	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Do	ocument Number)	<u>,</u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer;	<u></u> ∧

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23 PH 12: 24
SECRETARY OF STATE
ALLAHASSEE, FLORIDA



TRANSMITTAL LETTER

	- 	
TO: Registration Section Division of Corporations	-	
SUBJECT: DERIGO PROPERTIES SOUTH, LLC		
(Name of Limited L	iability Company)	
The enclosed Articles of Organization and fee(s) are subr		
Michael R. Weremblewski, Esq. (Nan	ne of Person)	
Lipsitz, Green, Fahringer, Roll, Salisbury & Cambr (Fin	ia, LLP n/Company)	
42 Delaware Avenue, Suite 300	(Address)	
Buffalo, New York 14202-3857 (City/Sta	II: (716) 849-1333, Ext. 390 AFF STATE (Area Code & Daytime Telephone Number) RICE Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number	7
For further information concerning this matter, please cal	(716 849-1333, Ext. 390 CArea Code & Daytime Telephone Number)	ニャご
Michael R. Weremblewski, Esq. at	(716) 849-1333, Ext. 390 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status	✓ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

ARTICLE I - Name:

The name of the Limited Liability Company is:

DERIGO PROPERTIES SOUTH, LLC	•	•	

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

729 Inlet Drive Marco Island, FL 34145 Marco Island, FL 34145 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature The name and the Florida street address of the registered agent are: John Derigo Name

Florida street address (P.O. Box NOT acceptable)

Marco Island, FL 34145

729 Inlet Drive

City, State, and Zip

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 608, F.S..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title: Name and Address:

MGRM	John Derigo	John Derigo		
	729 Inlet Drive			
	Marco Island, FL 34145			

(Use attachment if necessary)

"MGR" = Manager

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(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.)

John Derigo

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)

SECRETARY OF STATE