

L05000096070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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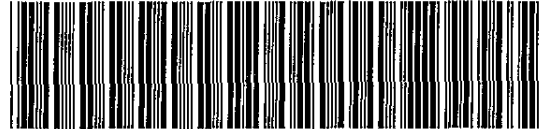
(Business Entity Name)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

East Del Prado, LLC

Signature _____

Requested by: *WL*

9/29

2:00

Name _____

Date _____

Time _____

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Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I: Name:

The name of the limited liability company is: **East Del Prado, LLC**

ARTICLE II: Address:

The mailing address and street address of the principal office of the limited liability company is:

**East Del Prado, LLC
42 Barkley Circle #3
Ft. Myers, FL 33907**

ARTICLE III: Registered Agent:

The name and Florida street address of the limited liability company registered agent is:

**Name: Robert L. D'Andrea
Address: 42 Barkley Circle #3
Ft. Myers, FL 33907**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designed 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 in Chapter 608, F.S.



Robert L. D'Andrea, Registered Agent

ARTICLE IV: Management:

The Limited Liability Company is to be managed by one manager or more and is therefore, a manager-managed company.



Robert L. D'Andrea, Managing Member

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