| (R€ | equestor's Name) | |
|-------------------------|----------------------|----------------|
| (Ad | ddress) | |
| (Ac | ldress) | |
| | | |
| (Cit | ty/State/Zip/Phone # | ¥) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Name |)) |
| (Do | ocument Number) | |
| Certified Copies | Certificates o | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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| | | |
| | | |

Office Use Only



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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | 35 | | |
|--|--|--|--|
| SUBJECT: 3500 CORAL WG (Name of Line | uy , No. 607 nited Liability Company) | , LCC. | |
| The enclosed Articles of Organization and fee(s) ar | e submitted for filing. | | |
| Please return all correspondence concerning this ma | atter to the following: | | |
| Sandra Pa | istoor | 21-27- | |
| · · | (Name of Person) | | |
| | | 2005 | |
| | (Firm/Company) | ON THE | |
| 4531 PResc | ett Lang | NOV 14 PH 3: 22 | |
| Naples, FL | . , | 22 ORIOA | |
| For further information concerning this matter, please | se call: | | |
| Heather Pastoon (Name of Person) | at (352) 331 (Area Code & Daytime To | - 1690 elephone Number) | |
| Enclosed is a check for the following amount: | | | |
| \$125.00 Filing Fee \$ \$130.00 Filing Fee & Certificate of Status | 2 \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| STREET ADDRESS: | | MAILING ADDRESS: | |
| Registration Section Division of Corporations 409 E. Gaines Street | Registration Section Division of Corporations P.O. Box 6327 | | |

Tallahassee, Florida 32314

409 E. Gaines Street Tallahassee, Florida 32399

| ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT | Y COMPANY |
|--|-----------------|
| ARTICLE I - Name: The name of the Limited Liability Company is: | SAN TE |
| 3500 Coral Way, No. 607, LLC. | ON 3: 22 |
| The mailing address and street address of the principal office of the Limited Liabil | ity Company is: |
| Principal Office Address: Mailing Address: | |
| 4531 Prescott Lane 4531 Prescott Naples, FL 34119 Naples, FL 34119 | Lave |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sig | gnature: |
| The name and the Florida street address of the registered agent are: | EFFECTIVE DATE |
| <u>Jandra Pastoor</u> Name | -81/01/00 |
| 4531 PRESCOTT Lane | |
| Florida street address (P.O. Box NOT acceptable) | |
| Naples FL 34119 City, State, and Zip | |
| 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..

Andre Posto Registered Agent's Signature

(CONTINUED)

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:

"MGR" = Manager
"MGRM" = Managing Member

MGRM

Sandra Pastoor

4531 Prescrtt Lane

Naples, FL 34119

(Use attachment if necessary)

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.)

Sandra Pastoon 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)

Please make LLC Page 2 of 2 effective 1/1/06