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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

North Lee 41, sec.

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Date _____

Time _____

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I: Name:

The name of the limited liability company is: **NORTH LEE 41, LLC**

ARTICLE II: Address:

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

North Lee 41, LLC
3613 Del Prado Blvd.
Cape Coral, FL 33904

ARTICLE III: Registered Agent:

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

Name: Stephen W. Haywood
Address: 3613 Del Prado Blvd.
Cape Coral, FL 33904

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.


Stephen W. Haywood, 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.


Stephen W. Haywood, Managing Member

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