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| Certified Copies            | Certificate     | s of Status |  |
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| Special Instructions to Fil | ing Officer:    |             |  |
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## **COVER LETTER**

| TO: Registration Division of | n Section<br>Corporations   |  |  |
|------------------------------|---|--|--|
| SUBJECT:                     | NURTON  | REAL ESTATE  | ILC  |
|                              | (Name of Limite   | ed Liability Company)  |  |
| The enclosed Article         | s of Organization and fee(s) are  | submitted for filing.  |  |
| Please return all corr       | espondence concerning this matt   | er to the following:   |  |
| -                            | MARIA N   | DORTON   |  |
|                              |   | (Name of Person)   | 7 AT   |
|                              | NORTON  | REAL ESTATE  | ZOOD SEP SECRETA   |
|                              | ·   | (Firm/Company)   | AT P   |
|                              | 4948 BAY  | REAL ESTATE (Firm/Company)  BRIDGE BIVD (Address)  | -5 F   |
|                              |   | (Address)  | ,FLC   |
| <u></u>                      | ESTERU, FI  | //State and Zip Code)  | 3: I 7<br>ORID   |
|                              | (City   | /State and Zip Code)   | •  |
| For further informati        | on concerning this matter, please   |  |  |
| MARIA                        | NORTON  | at ( <u>56/</u> ) 7/5-   | 6764   |
| (NE                          | me or Person)   | (Area Code & Daytime Tel   | lephone Number)  |
| Enclosed is a check          | for the following amount:   |  |  |
| ☐ \$125.00 Filing Fe         | ce \$130.00 Filing Fee & Certificate of Status  | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)   | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                              | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center ( | s  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: The name of the Limited Liability Company        | y is:   |
|--|---|
| NORTON REAL  | ESTATE LLC  |
| (Must end with the words "Limited Liability Company, "I            | imited Company" or their abbreviation "LLC," or "L.C.,")  |
| ARTICLE II - Address: The mailing address and street address of th | e principal office of the Limited Liability Company is:   |
| Principal Office Address:  | Mailing Address:  |
| 4948 BAYBRIDGE BIVD<br>ESTERO, FL 33928                            | 4948 BAY BRIDGE BIVI)<br>ESTRO, FL 33928  |
|  | ered Office, & Registered Agenes Signature: degistered Agent. You must designate an individual of another |
| The name and the Florida street address of t                       | he registered agent are:  |
| MARIA NI   | DRTON FS D  |
| 4948 BAYBE   | t address (P.O. Box NOT acceptable)   |
| ESTERO City, Sta   | FL 33928' ate, and Zip  |
| Having been named as registered agent and                          | to accept service of process for the above stated limited   |

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

| The name and address of each Manager  | or managing member is as follows.   |
|---|---|
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member                              | Name and Address:   |
| rapage coords mar   | 4948 BAYBLAGE BIVD<br>ESTERO FL 33928   |
|   | 700b SEP - S<br>DECRETARY<br>TALLAMASSE   |
| (Use attachment if necessary)   | FF 9 33 1   |
| ARTICLE V: Effective date, if other than the date                                   | te of filing: 9/5/6 (OPTIONAL)  pecific and cannot be more than five business days prior  |
| REQUIRED SIGNATURE:   |   |
| Ma  | um Hatm   |
| (In accordance with section of this document constitute that the facts stated herei | n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)  HALLA NORTON  or printed name of signee |
| Typed  Filing Fees:   | or printed name of signee   |

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)