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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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DIVISION OF CURPURATIONS

COVER LETTER

TO: Registration So Division of Co		·	
SUBJECT: ELW P	roperties, LLC		
	(Name of Limit	ed Liability Company)	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
Earl L Wal	sh		
		(Name of Person)	
E L Walsh	Company		
<u></u>		(Firm/Company)	
13591 Mc	Gregor Blvd Ste	21	
		(Address)	
Fort Myers	s, Fl 33919		
	(Ci	y/State and Zip Code)	
For further information of	concerning this matter, pleas	e call:	
Earl L Walsh		at 239 267-8866	
(Name	of Person)	(Area Code & Daytime Teleph	one Number)
Enclosed is a check for	r the following amount:	,	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	160.00 Filing Fee, Certificate of Status & Certified Copy 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 Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	cle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	ny is:
ELW Properties, LLC	
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
13591 McGregor Blvd Ste 21	13591 McGregor Blvd Ste 21
	stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	f the registered agent are:
Earl L Walsh	
	Name
13591 McGregor	r Blvd Ste 21

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

 $\frac{\text{Fort Myers, FI 33919}}{\text{City, State, and Zip}}$

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 (REQUIRED)

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MGRM	Earl L Walsh
	13591 McGregor Blvd Ste 21
	Fort Myers, Fl 33919
	
(Use attachment if necessary	<i>'</i>)
CLE V: Effective date, if other	r than the date of filing: (OPTIONAL)
effective date is listed, the dat 0 days after the date of filing.	te must be specific and cannot be more than five business days
	,
REQUIRED SIGNATURE	:
	12 Alale
Signature of	f a member or an authorized representative of a member.
of this docur	nce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury acts stated herein are true.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Earl L Walsh

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

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