## L12000128017

(Red	questor's Name)			
(Add	dress)			
(Add	dress)	<del> </del>		
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nar	me)		
(Document Number)				
Certified Copies				
Special Instructions to Filing Officer:				

Office Use Only



800239512238

12 OCT -8 PK 4: 36

18. HV 8- 130 S



ACCOUNT NO. : I2000000195			
REFERENCE: 373610 5012293			
AUTHORIZATION:			
COST LIMIT: \$ 125.00			
ORDER DATE: October 8, 2012			
ORDER TIME : 3:47 PM			
ORDER NO. : 373610-005			
CUSTOMER NO: 5012293			
DOMESTIC FILING			
NAME: KEEWAYDIN HOLDINGS, LLC			
EFFECTIVE DATE:			
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING			
CONTACT PERSON: Becky Peirce - EXT. 62919			
EXAMINER'S INITIALS:			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limi	ted Liability Company is:	:	
Keewaydin Holdings,	LLC	·	
(Must e	and with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address a		rincipal office of the Limited I	Liability Company is:
Principal Office Add	lress:	Mailing Address:	
780 5th Avenue		780 5th Avenue	
Naples, Floria 34102		Naples, Florida 34102	
<u>Jan</u>	rida street address of the r nes J. Dolan Name O Bay Road	registered agent are:  dress (P.O. Box <u>NOT</u> acceptable)	FILED  12 OCT -8 AM 8 41  SLUGG JARY OF STAT  TALLAHASSEE, FLORI
Na	ples	FL 34102 ate, and Zip	DA F
liability company a	us registered agent and to a at the place designated in t	accept service of process for the this certificate, I hereby accept y. I further agree to comply wi	the appointment as

Page 1 of 2

(CONTINUED)

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	Name and Address:
"MGRM" = Managing Member	•
MGR	James J. Dolan
	260 Bay Road
	Naples, FL 34102
	<del></del>
***************************************	
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
ADTICLE V. Effective date if other than th	e date of filing: (OPTIONAL)
	be specific and cannot be more than five business days prior
o or 90 days after the date of filing.)	
	7A 2
REQUIRED SIGNATURE:	
Magazias Signaturas.	
$T^{-1}$	18.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.
1	L J halle See - M
Signature of a memor	en or an authorized representative of a member.
(In accordance with section 60	8.408(3), Florida Statutes, the execution of this document
constitutes an affirmation and	er the penalties of perjury that the facts stated herein are true
I am aware that any false infor	appropriate and the account to the population of prince-
constitutes a third degree felor	ny as provided for in s.817.155, F.S.)
James J. Dolan	
T	yped or printed name of signee
Filing Rest	•

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)