Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Mail Address:

## FLORIDA LIMITED LIABILITY CO.

DaVinci Innovations, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FEB 2 8 2013

**EXAMINER** 

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:	
ARTICLE II - Address:	ed Liability Company, "L.L.C.," or "LLC.") The principal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	•
395 Seabee Avenue Naples, FL 34108		•
	stered Office, & Registered Agent's Signatu a Registered Agent. You must designate an individual or mot	
The name and the Florida street address of	f the registered agent are:	27 CRY
C T Corporation System	<u>m</u>	- <del>2</del> 200
	Name	
1200 South Pine Island Florida st Plantation	1 Road rect address (P.O. Box <u>NOT</u> acceptable) 33324	AH 7: 46
	City, State, and Zip	
·	and and wife	

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.

Connie Bryan
Registered Agent's Signature (REQUIRED) Fissistant Secretary

(CONTINUED)

Page 1 of 2

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# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:	, U.
"MGRM" = Managing Member	г	
MGR	Douglas W. Berg	
	395 Seabee Avenue	····
	Naples, FL 34108	
MGR	Halena Berg	
	395 Seabee Avenue	
	Naples, FL 34108	
		·····
(Use attachment if necessary)		
LEV: Effective date, if other the	nan the date of filing:	. (OPTIONAL)
or 90 days after the date of fil		THE PRIMES UND
OF YOU WAYS MILE! CHE CAME OF ME	nn8·)	

#### 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Douglas W. Berg
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)

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