

04/25/2013 11:59 2394441205

DUBLIN HOUSE

01/04

Division of Corporations  
**L13000060819**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

(((H13000093496 3)))



H130000934963ABC2-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : LYONS & LYONS, P.A.  
Account Number : 120030000061  
Phone : (239) 948-1823  
Fax Number : (239) 948-1826

FILED  
13 APR 25 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Email Address: rl Lyons@lyons-law.com

FLORIDA LIMITED LIABILITY CO.  
1100 MISTY PINES CIRCLE, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

RECEIVED  
13 APR 25 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
APR 26 2013  
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

(((H13000093496 3)))

## ARTICLES OF ORGANIZATION

## OF

## 1100 MISTY PINES CIRCLE, LLC

FILED  
13 APR 25 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, under the provisions of Chapter 608 of the Florida Statutes (the "Act"), for the purpose of forming a limited liability company under the laws of the State of Florida, do set forth the following:

## 1. Name.

The name of the limited liability company is **1100 Misty Pines Circle, LLC** (hereinafter referred to as the "Company").

## 2. Period of Duration.

Unless earlier terminated under the Act or the Operating Agreement, the period of duration of the Company shall be perpetual.

## 3. Purpose.

The purpose for which the Company is organized is to engage in any and all business and activities permitted by the Act and any other applicable laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

## 4. Address Of Place Of Business.

The mailing address for the Company is **PO Box 111132, Naples, FL 34108**, and the street address of the place of business for the Company is **1100 Misty Pines Circle, Naples, FL 34105**. These addresses may be changed from time to time as provided in the Operating Agreement.

## 5. Registered Agent.

The initial registered agent in Florida for the Company is **L&L PARA, LTD. CO.**, a Florida limited liability company, and the initial registered office is located at **Waterford Executive Centre, 27911 Crown Lake Boulevard, Suite 209, Bonita Springs, FL 34135**.

## 6. Capital Contributions.

Contributions to the capital of the Company shall be made by the members, in the manner prescribed by the written Operating Agreement made and entered into by the members and which may be amended from time to time in accordance with its terms.

(((H13000093496 3)))

ARTICLES OF ORGANIZATION

OF

1100 MISTY PINES CIRCLE, LLC

Page 1 of 3

(((H13000093496 3)))

**7. Members.**

The Company shall have at least one member and may admit additional members on the prior unanimous written agreement of the then-existing members, or as otherwise provided in the Operating Agreement.

**8. Continuity of Business.**

On the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or on the occurrence of any other event that terminates the continued membership of a member in the Company, or upon any other event that, under the Act, would result in dissolution of the Company, the business of the Company may be continued and the Company will not be dissolved without the prior written consent of all the remaining members of the Company.

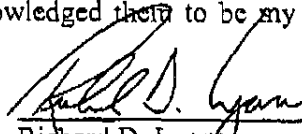
**9. Management.**

The overall management and control of the business and affairs of the Company shall be vested in a manager and the initial managers shall be Joanna Liveretos & George Papapostolou.

**10. Indemnification.**

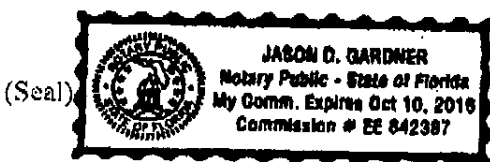
Except as expressly provided in the Operating Agreement, the Company shall indemnify any member, manager, or former member or manager to the full extent permitted under the Act.

IN WITNESS WHEREOF, I, Richard D. Lyons, have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 25th day of April, 2013.

  
Richard D. Lyons  
The Authorized Representative of a Member

STATE OF FLORIDA  
COUNTY OF LEE

The foregoing instrument was acknowledged before me on the 25th day of April, 2013, by Richard D. Lyons, as the Authorized Representative of a Member, who (X) is personally known to me or ( ) produced \_\_\_\_\_ as identification.



  
Notary Public

FILED  
13 APR 25 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H13000093496 3)))

(((H13000093496 3)))

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

**L&L PARA, LTD. CO., a**  
Florida limited liability company

By: Richard D. Lyons

Richard D. Lyons  
Its: Manager

Date: 4/25/2013

4836-0703-9507, v. 1

**FILED**  
**13 APR 25 AM 8:44**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

(((H13000093496 3)))