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SECRETARY OF STATE ALLAHASSEE, PLORIDA

#### COVER LETTER

TO:

Registration Section Division of Corporations

SquareMaze, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bernard Mand	el	
	Name of Person	
	Firm/Company	
1775 East 45th	n Street	•
	Address	
Cleveland, Oh	io 44103	
	City/State and Zip Code	
mandal@iv nataam		

mandel@ix.netcom.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## **Bernard Mandel**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

■\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & 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 Circle Tallahassee, FL 32301

### · ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the	Limited Liability Con	mpany is:
SquareMaze, LLC		·
(1	Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - A	Address:	
The mailing addr	ess and street address	s of the principal office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
1415 Panther Lane		1415 Panther Lane
Ste 227		Ste 227
Naples, FL 34109		Naples, FL 34109
The name and the	Florida street addres	ss of the registered agent are:
		Name
	1415 Panther Lane	Ste 227
	Florid	a street address (P.O. Box NOT acceptable)
	Naples	թլ. 34109
		City, State, and Zip
liability compo registered agent all statutes rela	any at the place desig t and agree to act in t sting to the proper and	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of d complete performance of my duties, and I am familiar with tion as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member	-	
WORW - Wanaging Wember		
Donald Vella MGRM	1415 Panther Lane	
	Ste 227	
	Naples, FL 34109	
The second section of the sect		
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LE V: Effective date, if other the	must be specific and cannot be more	(OPTION
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