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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SALVATORI & WOOD, BUCKEL, PL
Account Number : I20030000112
Phone : (239) 552-4100
Fax Number : (239) 649-1706

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
Email Address: JLH@SWBEL.com

**FLORIDA LIMITED LIABILITY CO.
ENTREPRENEURIAL ALLIANCE OF IMMOKALEE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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J. HARRIS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Entrepreneurial Alliance of Immokalee, 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:

Kevin Carmichael
Name of Person
Salvatori, Wood, Buckel, Carmichael & Lottes
Firm/Company
9132 Strada Place, Fourth Floor
Address
Naples, FL 34108
City/State and Zip Code
jlh@awbcl.com
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

Kevin Carmichael at (239) 552-4100
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Entrepreneurial Alliance of Immokalee, LLC

(Must end with the words "Limited 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:

9132 Strada Place
Fourth Floor
Naples, FL 34108

9132 Strada Place
Fourth Floor
Naples, FL 34108

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Salvatori Wood Buckel Carmichael & Lottes
Name

9132 Strada Place, Fourth Floor
Florida street address (P.O. Box **NOT** acceptable)

Naples FL 34108
City 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 605, F.S.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

Title:

"MGR" = Manager

MGR

Name and Address:

Penny Philippi

9132 Strada Place, Fourth Floor

Naples, FL 34108

MGR

Daniel Rosario

9132 Strada Place, Fourth Floor

Naples, FL 34108

MGR

Robert Halman

9132 Strada Place, Fourth Floor

Naples, FL 34108

MGR

Carol Molnar

9132 Strada Place, Fourth Floor

Naples, FL 34108

ARTICLE VI: Effective date, if other than the date of filing: _____, (OPTIONAL)

ARTICLE VI: Other provisions, if any.

RECOMMENDATIONS.

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Kevin Carmichael, Authorized Representative

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)

\$ 500 Certificate of Status (Optional)

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ARTICLE IV - CONTINUED

Title:

Name and Address:

MGR

Dr. Joseph Heinzman, Jr.
9132 Strada Place, Fourth Floor
Naples, FL 34108

MGR

Prof. Monteze M. Snyder
9132 Strada Place, Fourth Floor
Naples, FL 34108

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