

L14000052444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA
CLERK OF DISTRICT COURT

MAR 31 2014

T. BROWN

Handwritten signature/initials

EDWARD L. LARSEN, ESQ., P.A.

ATTORNEY AT LAW

The Chamber Building
2390 Tamiami Trail North
Suite 202
Naples, Florida 34103
(239) 643-0100
www.EdwardLarsenEsq.com

ADMITTED: FL, NY, NJ
JD, MBA, LL.M

March 27, 2014

Via Federal Express
Florida Department of State
Division of Corporations
ATTN: Ms. Teresa Brown
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: 354 DOVER, LLC.

Dear Sir / Madam:

In regard to the above referenced LLC, enclosed please find the following for submission:

1. Articles of Organization;
2. Copy of your letter number 714A00004755, dated March 4, 2014;

Should you have any questions please do not hesitate to contact me.

Thank you.

Very truly yours,


Edward L. Larsen

enc.
cc: 354 Dover, LLC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2014

EDWARD L. LARSEN, ESQ., P.A.

2390 TAMIAMI TRAIL NORTH STE 202
NAPLES, FL 34103

SUBJECT: 354 DOVER, LLC
Ref. Number: W14000014073

We have received your document for 354 DOVER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 714A00004755

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

354 DOVER, LLC

ARTICLE II- Address:

The Mailing address and street address of the principal office of the Limited Liability Company is:

Principle Office Address:

1047 Tivoli Drive
Naples, Florida 34104

Mailing Address:

1047 Tivoli Drive
Naples, Florida 34104

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:

T.E. Sams
1047 Tivoli Drive
Naples, Florida 34104

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.


T.E. Sams, Registered Agent

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

T.E. Sams
1047 Tivoli Drive
Naples, Florida 34104

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TALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: _____.(OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provision, if any.

REQUIRED SIGNATURE:

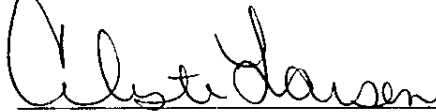

T.E. Sams, Authorized Member

(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.)


T.E. Sams, Authorized Member

STATE OF FLORIDA
COUNTY OF COLLIER

The foregoing instrument was acknowledged before me on March ~~26~~ 2014, by T.E. Sams, as Authorized Member of 354 DOVER, LLC, who is personally known to me or produced _____ as identification.


Notary Public — State of Florida

(Seal)