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## **COVER LETTER**

.

TO:	Registration Section Division of Corporations		
SUBJE	CT: 9011 Dani Drive LLC Name of Lir	nited Liability Company	
The enc	losed Articles of Organization and fee(s) a	re submitted for filing.	
Please re	eturn all correspondence concerning this m	natter to the following:	
	Daniel O'Berski	Name of Person	
	Initus, Inc.	Firm/Company	<del></del>
		·,	
	2590 Northbrooke Plaza Drive, Sui		
		Address	
	Naples, FL 34119	City/State and Zip Code	
-1		•	
gan	n.oberski@trinitycre.com E-mail address: (to be use	d for future annual report notifica	ition)
For furth	ner information concerning this matter, plea	ase call:	
Daniel (	O'Berski at ( 2	239) 334-3040	
	Name of Person		ephone Number
Enclosed	l is a check for the following amount:		
<b>S</b> \$125.00	Filing Fee \$\Bigcup \\$130.00 \text{ 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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
9011 Dani Drive LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9011 Dani Drive LLC 2590 Northbrooke Plaza Dr. Suite 108 Naples, FL 34119	Dani Drive LLC 2590 Northbrooke Plaza Dr., Suite 108 Naples, FL 34119
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own F another business entity with an active Florida registration	legistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	igent are:
TCG Development 1 UN Name	
2590 Northbrooke Plaza Dr., S Florida street address (P.O. Box	
Naples	FL 34119
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in tr 605, F.S
	45
Registered Agent's Signatu	are (REQUIRED)
(CONTINUE	CD)
Page 1 of 2	H C:

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Initus, Inc.
	2590 Northbrooke Plaza Dr., Suite 108
	Naples, FL 34119
MCD	B 15 110
MGR '	Rand Dani LLC
	9621 Cypress Hammock Circl Unit 101
	Bonita Springs FL 34135
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<del></del>	
Use attachment if necessary)	
EV: Effective date, if other than the dat ctive date is listed, the date must be sp f filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 9
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f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und I am aware that any false inforconstitutes a third degree felor	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.)
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ARTICLE IV-