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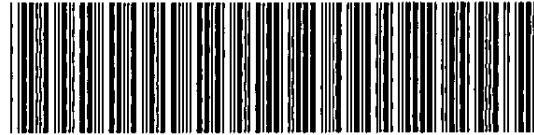
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

T. Burch JUL 24 2018



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 221954 4311639

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 155.00

ORDER DATE : July 18, 2014

ORDER TIME : 3:43 PM

ORDER NO. : 221954-005

CUSTOMER NO: 4311639

DOMESTIC FILING

NAME: ATRIUM POINT, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62925

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
ATRIUM POINT, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

Name

The name of the Limited Liability Company is Atrium Point, LLC

ARTICLE II

Address

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

Principal Office Address:

1364 Noble Heron Way
Naples, Florida 34105

Mailing Address:

c/o Michael J. Bruce
1364 Noble Heron Way
Naples, Florida 34105

ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature:

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

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

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..

Corporation Service Company, as Registered Agent

By: _____

Title: _____

Carina L. Dunlap

Carina L. Dunlap

Asst. Vice President

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**ARTICLE IV
Management**

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

Title:

"AMBR" = Authorized Member

Name and Address

AMBR

Michael J. Bruce
1364 Noble Heron Way
Naples, Florida 34105

AMBR

Montgomery Mark Cole
8473 Bay Colony Drive, #1202
Naples, Florida 34108

AMBR

Timothy J. Sandker
372 Edgemere Way East
Naples, Florida 34105

AMBR

Atrium Operators, LLC
c/o Lara L. DeCaro
199 Fremont Street, 21st Floor
San Francisco, California 94105

[Signature page follows]

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TALLAHASSEE, FLORIDA

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization
on July 18, 2014

/s/ Michael J. Bruce

Michael J. Bruce, 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.)

Michael J. Bruce

Typed or printed name of signee

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