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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | ∋ #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
VLUGHASSEF, FLORIDA

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COVER LETTER

| Division of Corporations | • | |
|---|--|---------|
| SUBJECT: 2678 LLC | mited Liability Company | |
| Name of Life | miled Elability Company | |
| The enclosed Articles of Organization and fee(s) a | are submitted for filing. | |
| Please return all correspondence concerning this m | natter to the following: | |
| Carol A. Ciappina, CFO | | |
| | Name of Person | |
| International Industrial Development Ass | sociates, Inc. | |
| • | Firm/Company | |
| | 7> <i>(</i>). | |
| 2666 SE Willoughby Blvd | Fig. (2) | ٠ |
| | Address | JL 2 |
| | · 영수 | ယ |
| Stuart, FL 34994 | City/State and Zip Code | 4 |
| | 100 mg | B |
| carolc@iidafl.com E_mail address: (to be use | ed for future annual report notification) | යා ආ |
| For further information concerning this matter, ple | ase call | |
| Tot fattles information concerning this matter, pre- | use cuii. | |
| Carol Ciappina at (| 772) 220-1588 | |
| Name of Person | Area Code Daytime Telephone Number | |
| | | |
| Enclosed is a check for the following amount: | | |
| \$125.00 Filing Fee \$\times \text{Certificate of Status}\$ | □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy | |
| | (additional copy is enclose | ed) |
| Mailing Address | Street/Courier Address | |
| Registration Section | Street/Courier Address Registration Section | |
| Division of Corporations | Division of Corporations | |
| P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I Name: The name of the Limited Liability Company is: | |
|--|---|
| 2678 LLC | |
| (Must end with the words "Limited L | Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II Address: The mailing address and street address of the principal offi | ice of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 2666 SE Willoughy Blvd. Stuart, FL 34994 | 2666 SE Willoughby Blvd. Stuart, FL 34994 |
| ARTICLE III Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Ranother business entity with an active Florida registration.) The name and the Florida street address of the registered a | Registered Agent. You must designate an individual or) |
| Frederick Simon | |
| Name | |
| | |
| 2666 SE Willoughby Blvd. Florida street address (P.O. Box March 1988) | NOT acceptable) |
| Tionida sitoot additos (v. jo., son. | |
| Stuart | FL 34994 Zip |
| City | Ζιp |
| the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig | vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in ir 605, F.S |
| (CONTINUE | |
| D1-52 | |

Page 1 of 2

SECRETARY OF STATE

| "AMBR" Authorized Member "MGR" Vanager MGR MGR | Frederick J. Simon 6819 SE S Marina Way Stuart, FL 34996 |
|---|--|
| MGR — | 6819 SE S Marina Way |
| MGR | |
| MGR | Stuart, FL 34996 |
| MGR | |
| | Jeffrey Chaban |
| | 4612 SW Branch Ter |
| | Palm City, FL 34990 |
| MGR | Jami L Chaban |
| | 4612 SW Branch Ter |
| | Palm City, FL 34990 |
| MGR | Marilyn C. Simon |
| | 6819 SE S Marina Way |
| | Stuart, FL 34996 |
| (Use attachment if necessary) | |
| LE V: Effective date, if other than the date of filing: | : (OPTIONAL) |
| fective date is listed, the date must be specific and of filing.) | d cannot be more than five business days prior to or 90 da |
| or ming. | |
| LE VI: Other provisions, if any. | |
| | |
| | |
| REQUIRED SIGNATURE. | \sim $()$ |
| Kredenick | Simon |
| Signature of a member of | as authorized representative of a member. |
| (In accordance with section 605.0203 | |

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Oct.)

constitutes a third degree felony as provided for in s.817.155, F.S.)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

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