

L14000143696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

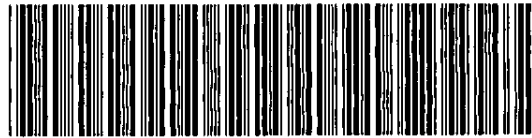
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

SEP 15 2014  
A. LUNT

Office Use Only



600263701676

09/15/14--01001--011 \*\*155.00

RECEIVED  
DEPARTMENT OF STATE  
OFFICE OF CONSULAR AFFAIRS  
2014 SEP 12 PM 3:33  
TO ADVISORY BOARD  
SUFFICIENCY OF FILING

FILED  
2014 SEP 12 AM 9:17  
STATE DEPT OF STATE  
TALLAHASSEE, FL 32310

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:**

9/12

FILED  
2011 SEP 12 AM 9:17  
TALLAHASSEE, FL 32303

☒ **CERTIFIED COPY**

☐ **PHOTOCOPY**

☐ **CUS**

☒ **FILING**

LLC

1.

1st Site Management 4, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1st Site Management 4, 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:

Michael Malarney, Esq.  
Name of Person

The Pearl Law Firm, P.A.  
Firm/Company

7400 Tamiami Trail North, #101  
Address

Naples FL 34108  
City/State and Zip Code

Mike@investorattorneys.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Malarney at ( 239 ) 653-9330  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2014 SEP 12 AM 9:17  
TALLAHASSEE, FL 32301  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1st SITE MANAGEMENT 4, 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:

7400 TAMiami TRAIL NORTH, # 101  
NAPLES FL 34108

7400 TAMiami TRAIL NORTH, # 101  
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:

MICHAEL MALARNEY

Name

7400 TAMiami TRAIL NORTH, # 101

Florida street address (P.O. Box NOT acceptable)

NAPLES

City

FL 34108

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 603, F.S.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2014 SEP 12 AM 9:17

FILED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Sandro X DaSilva

P.O. Box 8026, Naples FL 34101

AMBR

Ellie MacLaren

P.O. Box 8026, Naples FL 34101

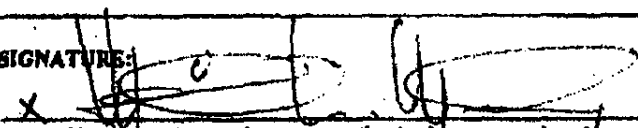
(Use attachment if necessary)

**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 provisions, if any.

**REQUIRED SIGNATURE:**

  
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.)

Michael Malamey, Esq. - Authorized Representative  
Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 35.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)