## # 14000/8/305

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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DEPARTMENT OF STAT 14 NOV 21 AM IO: 11

SECRETARY OF STATE TALLAHASSEE, FLORID

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K.SALY EXAMPLE NOV 24 2014

## CORPORATE

When you need ACCESS to the world

<b>ACCESS</b>	,
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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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

	w	ALK IN
	PICK UP:	11-21-14
	CERTIFIED COPY	
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Þ	FILING LL	1
1.	(CORPORATE NAME AND DOCUMENT #)	
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5.	(CORPORATE NAME AND DOCUMENT #)	
6.	(CORPORATE NAME AND DOCUMENT #)	
SPECIA	L INSTRUCTIONS:	

## COVER LETTER

	gistration Section vision of Corporation	ons		
SUBJECT:	6565HND7_LLC	Name of Li	mited Liability Company	
The enclose	d Articles of Organi:	ration and fee(s) a	re submitted for filing.	
Please return	all correspondence	concerning this m	latter to the following:	
	Kevin A. Denti, Es	guire		
			Name of Person	
_	Kevin A. Denti, P.	١		
			Firm/Company	
	2160 Immokalee F	Road - Suite #31		<del></del>
			Address	
-	Naples, Florida 34	110	N: 6: 4 - 17'- 0-1-	
kdontii	∂dentilaw.com		City/State and Zip Code	
KUEIII	E-mail a	ddress: (to be use	d for future annual report notifica	ation)
For further i	nformation concerni	ng this matter, ple	ase call:	
Kevin A. D	enti, Esquire Name of Perso		239 ) 260-8111 Area Code Daytime Te	lephone Number
Enclosed is	a check for the follo	ving amount:		
☑ \$125.00 Fill	ng Fee □\$130.	00 Filing Fee & ficate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addr Registration Se		Street/Courier Add Registration Section	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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Silve Comment of L C Nov St L C N
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S. L. The
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of the Limited Liability Company is:
O.V.
Iailing Address:
1655 Philips Highway
acksonville, Florida 32256
egistered Agent's Signature: stered Agent. You must designate an individual or nt are:
T acceptable)
<u></u>
FL 34110
Zip
of process for the above stated limited liability company at appointment as registered agent and agree to act in this statutes relating to the proper and complete performance ions of my position as registered agent as provided for in 05, F.S.

(CONTINUED)

Page 1 of 2

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