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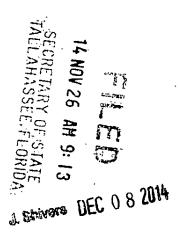
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: EKB ASSOCIATED LLC Name of Limited Liability Company
The end	losed Articles of Organization and fee(s) are submitted for filing.
Please 1	eturn all correspondence concerning this matter to the following:
	Name of Person
	EKB ASSOCIATED, HC Firm/Company
	10783 Fieldfair Drive Address
	Naples, Fc 34119 City/State and Zip Code
	E-mail address: (to-be used for future annual report notification)
For fur	her information concerning this matter, please call:
<u>E</u>	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.0	Filing Fee \$130,00 Filing Fee & \$155,00 Filing Fee & \$160,00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
EKB ASSOCIATED, LL (Must end with the words "Limited	-C	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC	2.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
10783 Fieldfair Drive Naples, FL 34119	10783 Fieldfair D	rive 119
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate	an individual or
The name and the Florida street address of the registered	_	
Enuly B. Name	Merstall	
10783 Fill ful Florida street address (P.O. Box	r Drive	
Naples	FL 34119 Zip	
Having been named as registered agent and to accept ser the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl. Chapte	t the appointment as registered agent a of all statutes relating to the proper and	nd agree to act in this I complete performance
Registered Agent's Signat	pull pure (REQUIRED)	14 NO SECRE
(CONTINUI	ED)	NOV 26 AHASSE
Page 1 of 2		NOV 26 AM 9: 13 CRETARY OF STATE LAHASSEE. FLORIOA

(Use attachment if necessary) E. V: Effective date, if other than the date of filing:	Title:	Name and Address:
(Use attachment if necessary) E. V: Effective date, if other than the date of filing: cettive date is listed, the date must be specific and cannot be more than five business days prior to or 9 of filing.) E. 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 decipitent constitutes an affirmation under the penalties of perjury that the facts stated herein arctine. I am aware that any false information submitted in a document to the Department of Sections of the constitutes a third degree felony as provided for in s.817.155, F.S.)	"AMBR" = Authorized Member	
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