## L15000072002

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

Office Use Only



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## **COVER LETTER**

	Registration Division of C	Section Corporations			
SUBJEC	CT:		evelopment Nap		
		Name of L	imited Liability Co	ompany	
The encl	osed Articles	of Organization and fee(s)	are submitted for	filing.	
Please re	turn all corre	spondence concerning this r	natter to the follo	wing:	
			Fred D. Hall		
			Name of Pers	on	
	<del></del>	N	lextEra Develop		
			Firm/Compar	ıy	
			3408 Royal Pal	m Drive	
			Address		
			North Port, Flori		
		ı	City/State and Zip	Code	
		E-mail address: (to be us	edhall,nextera@ ed for future annu	gmail.com	ation)
For furth	er informatio	n concerning this matter, ple			,
		Notitzky, Esquire at (		639	9.2171
	Nam	ne of Person	Area Code	Daytime Tel	lephone Number
Enclosed	is a check fo	r the following amount:			
\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	\$155.00 Fil Certified Co (additional cop		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	N# -:	ling Adduses	<b>6</b> 4	-4/C	

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:		
NextEra De (Must end with the wor	velopment Na ds "Limited Li	aples LLC ability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address:			
The mailing address and street address of the	principal offic	e of the Limited Liability Con	npany is:
Principal Office Address:		Mailing Address:	
3408 Royal Palm Drive North Port, Florida 34288		SAME	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve another business entity with an active Florid	e as its own Re	gistered Agent. You must desi	
The name and the Florida street address of the	e registered ag	ent are:	
Ed	lward L. Wotil Name	zky, Esquire	
	223 Taylor St	reet	
Florida street addres	ss (P.O. Box <u>N</u>	OT acceptable)	
Punta G	iorda	FL 33950	
Cit	y	Zip	
Having been named as registered agent and the place designated in this certificate, I h capacity. I further agree to comply with the of my duties, and I am familiar with and acres Registered Ag	ereby accept the provisions of accept the obligation.  Chapter	e appointment as registered ag all statutes relating to the prope	gent and agree to act in this er and complete performance
(1	CONTINUED Page 1 of 2	))	FEB 17 AM
			1:3 1:3

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMGR	NextEra Development LLC
	3408 Royal Palm Drive
	North Port, Florida 34288
AMGR	TrustAmerica Financial Corporation
	3408 Royal Palm Drive
	North Port, Florida 34288
	ttoritt oss, t foriga o saco
AMGR	Robert Craig
7 111 011	3630 S.W. 6th Ave
	Cape Coral, Florida 33914
	Cape Colai, Fluina 33314
	<del></del>
(Use attachment if necessary)  EV: Effective date, if other than the fective date is listed, the date must be of filling.)	date of filing: (OPTIONAL)  De specific and cannot be more than five business days prior to or 90 d
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ARTICLE IV-