

#L15000039340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

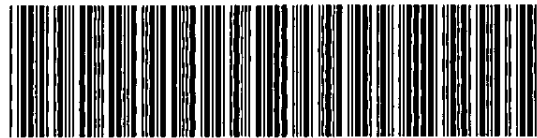
(Business Entity Name)

(Document Number)

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

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EFFECTIVE DATE  
2-28-2015

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
15 MAR -3 PM 2:58  
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TO ACKNOWLEDGE  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
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MAR - 4 2015

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**WALK IN**

PICK UP: 3-3-15

- ☐ CERTIFIED COPY \_\_\_\_\_
- ☒ PHOTOCOPY \_\_\_\_\_
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- ☒ FILING LLC \_\_\_\_\_
- See effective date*

1. AZNEB 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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EFFECTIVE DATE  
2-28-2015

ARTICLES OF ORGANIZATION  
FOR  
AZNEB, LLC  
FLORIDA LIMITED LIABILITY COMPANY

FILED  
2015 MAR -3 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - NAME:**

The name of the Limited Liability Company is: AZNEB, LLC.

**ARTICLE II - ADDRESS:**

The mailing address and street address of the principal office of the Limited Liability Company is:

PRINCIPAL OFFICE ADDRESS:  
9140 Galleria Court  
Naples, Florida 34109

MAILING ADDRESS:  
9140 Galleria Court  
Naples, Florida 34109

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:**

The Name and the Florida street address of the registered agent are:

Charles M. Kelly, Jr.  
Name  
2390 Tamiami Trail North, Suite #204  
Florida street address (P.O. Box NOT acceptable)  
Naples, Florida 34103  
City, State, and 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 605, F.S.*

  
Registered Agent's Signature

**ARTICLE IV - MANAGER(S) OF MANAGING MEMBER(S):**

The name and address of each Manager or Managing Member is as follows:

TITLE:

"MGR" - Manager

"MGRM" = Managing Member

NAME AND ADDRESS:

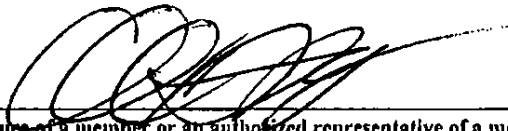
GERY P. BENZA, MGR  
4301 Snowberry Lane  
Naples, Florida 34119

(Use attachment if necessary)

**ARTICLE V - EFFECTIVE DATE**

The effective date of AZNEB, LLC is February 28, 2015.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
(In accordance with §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 in §817.155, F.S.)

Charles M. Kelly, Jr

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TALLAHASSEE, FLORIDA

**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 (OPTIONAL)