# L15000095027

| (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: |
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Office Use Only



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TO ACKNOWLEDGE SUFFICIENCY OF FILING 15 JUN -2 PM 2: 5

ANSWED THE DESTRICT OF THE PROPERTY OF THE PRO

# **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |   |  |
|--|--|---|--|
| SUBJECT: <u>New</u>                    |  | m Properties 2  | LLC  |
| The enclosed Articles of               | Organization and fee(s) ar                   | e submitted for filing.   |  |
| Please return all correspo             | ndence concerning this ma                    | atter to the following:   |  |
| Busse                                  | 11 L Kenne                                   | Name of Person  |  |
|  |  | Piopesties L<br>Firm/Company  |  |
|  | ox 50366                                     |   |  |
| Fort/                                  | Uyers FL                                     | 33994<br>ity/State and Zip Code                                     |  |
| captro                                 | E-mail address: (to be used                  | Amai/, Com<br>Confer future annual report notifica                  | ation)   |
| For further information c              | oncerning this matter, plea                  | ase call:   |  |
| Russell Ke                             | nnedy at (2                                  | 203 970-896<br>Area Code Daytime Tel                                | ( <del>-</del> /   |
| Name (                                 | of Person                                    | Area Code Daytime Te  | lephone Number   |
| Enclosed is a check for the            | ne following amount:                         |   |  |
| □ \$125.00 Filing Fec □                | 3\$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailin                                 | a Adduses                                    | Stunet/Country Add  | ,  |

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

Street/Courier Address
Registration Section
Division of Corporations
Cliffon 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:   |   |
|---|---|
|   | es 2 LLC<br>Liability Company, "L.L.C.," or "LLC.")   |
| ARTICLE II - Address:<br>The mailing address and street address of the principal off  | ice of the Limited Liability Company is:              |
| Principal Office Address:   | Mailing Address:                                      |
| 1000 SW 37 th St<br>apr and FL 33914  | PO BOX 50366<br>FORT Myers FL 33994                   |
| ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own Foundation business entity with an active Florida registration | Legistered Agent. You must designate an individual or |
| The name and the Florida street address of the registered a   | igent are:  |
| Russell Kenn<br>Name<br>1000 SW 37<br>Florida street address (P.O. Box  | The St. NOT acceptable)                               |
| Cafe Gral City  | FL 339/4 2:0  |

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED

Page 1 of 2

| <u>'itle:</u>  | Name and Address:   |
|--|---|
| AMBR" = Authorized Member  MGR" = Manager  |   |
| AMBR   | Russell L Kennedy   |
| •  | PO BOX 50366  |
|  | FORT Myers FL 33994   |
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| Jse attachment if necessary)   |   |
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| filing.)   | te of filing: 5/29/15 . (OPTIONAL)  specific and cannot be more than five business days prior to or 9   |
| filing.)   | te of filing: 5/29/15 (OPTIONAL)  specific and cannot be more than five business days prior to or 9   |
| filing.)  VI: Other provisions, if any.  | te of filing: 5/29/15 (OPTIONAL) specific and cannot be more than five business days prior to or 9  |
| filing.)  VI: Other provisions, if any.  | te of filing: 5/29/15 (OPTIONAL)  specific and cannot be more than five business days prior to or 9   |
| REQUIRED SIGNATURE:  | sell L Kernedy  |
| REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6   | Dell Lemous nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document  |
| REQUIRED SIGNATURE:  Signature of a m  (In accordance with section of constitutes an affirmation und   | Dell Lemony  nember or an authorized representative of a member.  505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.  |
| REQUIRED SIGNATURE:  Signature of a m  (In accordance with section of constitutes an affirmation und I am aware that any false info constitutes a third degree felo  | Dell Jessey  nember or an authorized representative of a member.  505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.  permation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)   |
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| Filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section of constitutes an affirmation und I am aware that any false info constitutes a third degree felo | Dell Jessey  nember or an authorized representative of a member.  505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.  permation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)   |
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| Signature of a m  (In accordance with section of constitutes an affirmation und I am aware that any false inforcement of the constitutes at third degree felology.)  S125.00 Filing Fee for Articles of O      | Dell L Kenned  Typed or printed name of signey  Typed or printed name of signey   |
| Signature of a m  (In accordance with section of constitutes an affirmation und I am aware that any false inforcements a third degree felo.  | nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. In a document to the Department of State only as provided for in s.817.155, F.S.)  Typed or printed name of signed  Filing Fees:  Organization and Designation of Registered Agent |