

# L/5000105344

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

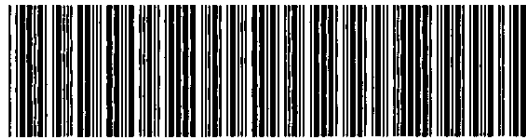
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JUN 16 PM 2:57

✓ 06/19/15



**PARRISH, WHITE  
& YARNELL, P.A.**  
attorneys at law

Reply to: ☐ 3431 Pine Ridge Road, Ste. 101  
Naples, FL 34109  
P: (239) 566-2013  
F: (239) 566-9561  
[www.LawNaples.com](http://www.LawNaples.com)

☐ 1575 Pine Ridge Road, Ste. 10  
Naples, FL 34109  
P: (239) 649-7777  
F: (239) 449-4470

June 3, 2015

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

Re: 445 PRB, LLC

Dear Sir/Madam:

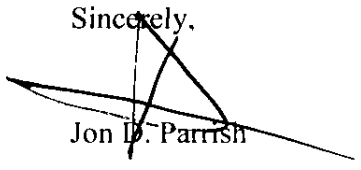
With reference to the formation of the above LLC, please find the following:

1. Articles of Organization for Florida Limited Liability Company for 445 PRB, LLC;
2. Check in the amount of \$125.00 representing your filing fee.

If you should have any questions or concerns regarding the above, please feel free to contact this office.

Thank you for your cooperation.

Sincerely,

  
Jon D. Parrish

JDP/sbm  
Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 445 PRB, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Langley

Name of Person

Firm/Company

3431 Pine Ridge Road, Suite 102

Address

Naples, Florida 34109

City/State and Zip Code

natalia@mnmcpanies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalia Peysina                      786                      597-0111  
at (                      )  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

|                            |  |  |  |
|----------------------------|--|--|--|
| <u>\$125.00 Filing Fee</u> | \$130.00 Filing Fee &<br>Certificate of Status | \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|----------------------------|--|--|--|

**Mailing Address**

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

**Street 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:

445 PRB, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

**Principal Office Address:**

**Mailing Address:**

3431 Pine Ridge Road

Same

Suite 102

Naples, Florida 34109

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Natalia Peysina

Name

3431 Pine Ridge Road, Suite 102

Florida street address (P.O. Box **NOT** acceptable)

Naples

Florida

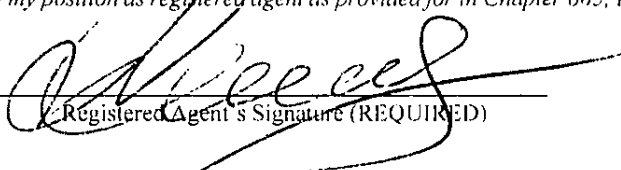
34109

City

State

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 (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Mark Adrian Langley

3431 Pine Ridge Road, Suite 102

Naples, FL 34109

AMBR

Margarita Recio

3431 Pine Ridge Road, Suite 102

Naples, FL 34109

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE 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 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 for in s.817.155, F.S.)

Natalia Peysina

Typed or printed name of signee

**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)