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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	T: Tampa Oaks Office Center LLC Name of Lin	nited Liability Company	
The encl	osed Articles of Organization and fee(s) a	re submitted for filing.	
Please re	turn all correspondence concerning this m	eatter to the following:	
	Kevin A. Denti, Esquire	Name of Person	
	Kevin A. Denti, P.A.	Firm/Company	
	2180 Immokalee Road - Suite #310	8 Address	
	Naples, Florida 34110	Sity/State and Zip Code	
kde	nti@dentilaw.com E-mail address: (to be use	d for future annual report notifica	tion)
For furth	er information concerning this matter, plea	ase call:	
<u>Kevin A</u>	Denti. Esquire at () Name of Person		ephone Number
Enclosed ☑ \$125.00	is a check for the following amount: Filing Fee \$\Bigsim \frac{1}{3}130.00\$ Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courler Addr Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Tampa Oaks Office Center LLC (Must end with the words "Limite	ed Liability Company, "L.L.C.," or "Ll	LC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
23421 Waldan Center Drive - Suite #300 Bonita Springs, Florida 34134	23421 Walden Center Drive-S Bonita Springs, Florida 34134	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registration	n Registered Agent. You must designa	ate an individual or
The name and the Florida street address of the registere	ed agent are:	
Kevin A. Denti, Esquire Nam	10	
2180 Immokalee Road - Sui Florida street address (P.O. Bo	ite #316	
Naples	FL 34110 Zip	
City	Zip	
Having been named as registered agent and to accept s the place designated in this certificate, I hereby acce capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the o Cha	ept the appointm <mark>e</mark> nt as registered agent s of all statutes relating to the proper as	and agree to act in this nd complete performance
	the -	
Registered Agent's Sign	nature (REQUIRED)	
(CONTIN	UED)	16 SECR TALLA
Page 1 of	72	FILED 6 FEB 12 TH 12: 08 EGRETARY OF STATE LLAHASSEE, FLORIDA

Title:			1	ame and Address	Ŀ		
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		•		3421 Walden Ce		te #300	
			J	3onita Springs, Fl	orida 34134_		

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