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Florida Department of State
Division of Corporations
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Email Address: _Charlesm@cpamassie.com_

FLORIDA LIMITED LIABILITY CO.
NASH PROPERTIES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$130.00

RESUBMISSION

08/04/16

July 29, 2016

HUBCO

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: NASH PROPERTIES, LLC
REF: W16000052782

We received your electronically transmitted document. However, the
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TANYA L HENDERSON   FAX Aud. #: H16000181916
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P.O BOX 6327 – Tallahassee, Florida 32314

H16000181916

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name

The name of the Limited Liability Company is: **Nash Properties of SWFL, LLC**

ARTICLE II – Address

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

14654 Aeries
Fort Myers, FL 33912

ARTICLE III – Registered Agent, Registered Office & Registered Agents Signature

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

<u>John David Nash</u>
Name

<u>14654 Aeries</u>
(P.O. Box or Mail Drop Box <u>NOT</u> acceptable)

<u>Fort Myers, FL 33912</u>
(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 – **John David Nash**

ARTICLE IV –

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

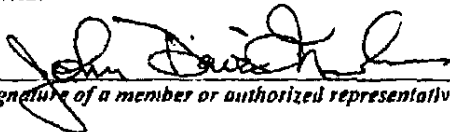| <u>Title:</u>	<u>Name and Adress:</u>
"AMBR" = Authorized Member "MGR" = Manager	
<u>AMBR</u>	<u>The Entrust Group Inc fbo Maureen Ann Nash IRA #7230000907</u> <u>14654 Aeries</u> <u>Fort Myers, FL 33912</u>
<u>MGR</u>	<u>John David Nash</u> <u>14654 Aeries</u> <u>Fort Myers, FL 33912</u>

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ARTICLE V – Effective date, if other than the date of filling: July 28, 2016

(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.)

REQUIRED SIGNATURE:

Signature of a member or 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.)

John David Nash, Manager
Typed or printed name of signee

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