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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (800) 293-4075

Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: charlesm@cpamassie.com

**FLORIDA LIMITED LIABILITY CO.
Cabana of SWFL, LLC**

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

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

ARTICLE II - Address

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

**1195 Rose Garden Road
Cape Coral, FL 33914**

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

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

Clarissa Engelhard

Name

1195 Rose Garden Road

(P.O. Box or Mail Drop Box **NOT** acceptable)

Cape Coral FL 33914

(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.

Clarissa Engelhard

Registered Agent's Signature - **Clarissa Engelhard**

ARTICLE IV -

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Jayce Ty Engelhard
1195 Rose Garden Road
Cape Coral, FL 33914

AMBR

Clarissa Engelhard
1195 Rose Garden Road
Cape Coral, FL 33914

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ARTICLE V -- Effective date, if other than the date of filing: September 13, 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.)

Clarissa Engelhard

Typed or printed name of signer

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