L16000205901

(Requestor's Name)
(Address)
· · ·
(111)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



100291934211

11/07/16--01020--012 **125.00

18 NOV - 7 AM 9: 34

me 11/10/16

COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT	1736 Certainty Drive, LLC	
SUBJECT		nited Liability Company
The enclos	ed Articles of Organization and fee(s) are	submitted for filing.
Please retu	rn all correspondence concerning this ma	atter to the following:
	Jeffrey R. Pittard, Esq.	
		Name of Person
	Starr Gern Davison & Rubin, PC	
		Firm/Company
	105 Eisenhower Parkway, Suite 401	
		Address
	Roseland, NJ 07068	
	jpittard@starrgern.com	ity/State and Zip Code
	E-mail address: (to be used	for future annual report notification)
For further i	nformation concerning this matter, pleas	e call:
	Jeffrey Pittard 9	73 403-9200
		rea Code Daytime Telephone Number
Enclosed i	s a check for the following amount:	
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ty Company is:				
e, LLC				
with the words "Limited	l Liability Co	mpany, "L.L.C.," or "LLC.")		
ddress of the principal o	ffice of the L	mited Liability Company is:		
al Office Address:		Mailing Address:		
uth		138 6TH Avenue South		
		Napies, PL 54102		•
active Florida registratio	on.)	gent. 1 ou must designate an individual		16 NO
	Name			سيم. ا
138 6th Avenue Sou	th		555E	
Florida street addres	s (P.O. Box	SOT acceptable)		3
Naples	FL	34102		<u>မှ</u> ယ
City	State	Zip		=
, I hereby accept the app rovisions of all statutes ro bligations of my position	ointment as reelating to the as registered certain to the as registered certain to the as registered as registered as registered.	gistered agent and agree to act in this caproper and complete performance of my agent as provided for in Chapter 605, F.S. Signature (REQUIRED)	ipacity duties,	. I
	et. LLC with the words "Limited ddress of the principal of al Office Address: uth ent. Registered Office, a cannot serve as its own active Florida registration address of the registered Helen Mecca 138 6th Avenue Sou Florida street address Naples City agent and to accept serve, I hereby accept the approvisions of all statutes rebligations of my position	ddress of the principal office of the Lial Office Address: uth ent. Registered Office, & Registered Cannot serve as its own Registered Address of the registered agent are: Helen Mecca Name 138 6th Avenue South Florida street address (P.O. Box Naples FL City State agent and to accept service of process, I hereby accept the appointment as reprovisions of all statutes relating to the poligations of my position as registered agent's	with the words "Limited Liability Company, "L.L.C.," or "LLC.") ddress of the principal office of the Limited Liability Company is: al Office Address: with 138 6TH Avenue South Naples, FL 34102 ent. Registered Office, & Registered Agent's Signature: reannot serve as its own Registered Agent. You must designate an individual active Florida registration.) address of the registered agent are: Helen Mecca Name 138 6th Avenue South Florida street address (P.O. Box NOT acceptable) Naples FL 34102 City State Zip agent and to accept service of process for the above stated limited liability compared to the proper and complete performance of my provisions of all statutes relating to the proper and complete performance of my process.	ddress of the principal office of the Limited Liability Company is: al Office Address: Mailing Addresses Mailing Addresses Mailing Addresses Mailing Addresses Mailing Addresses Mailing

Page 1 of 2

Title:		Name and Address:
"AMBR" = Auth		
"MGR" = Manag MGR		Helen Mecca
ЛОМ		138 6TH Avenue South
		Naples, FL 34102
		
		
fective date is list of filing.)	ate, if other than the date o	f filing:
LE V: Effective difective date is list of filing.) f the date inserted ament's effective of LE VI: Other prov	ate, if other than the date of ed, the date must be spect in this block does not me date on the Department of isions, if any.	ific and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not State's records.
LE V: Effective defective date is list of filing.) If the date inserted ament's effective of the VI: Other prov	ate, if other than the date or ed, the date must be spect in this block does not me date on the Department of isions, if any.	ific and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not
LE V: Effective difective date is list of filing.) if the date inserted ament's effective of LE VI: Other prov	ate, if other than the date or ed, the date must be spect in this block does not me date on the Department of isions, if any.	et the applicable statutory filing requirements, this date will not State's records.
LE V: Effective defective date is list of filing.) f the date inserted ament's effective of the LE VI: Other prov	ate, if other than the date or ed, the date must be spect in this block does not me date on the Department of isions, if any. GNATURE: Signature of a mem This document is executed am aware that any false is	et the applicable statutory filing requirements, this date will not State's records.
LE V: Effective defective date is list of filing.) If the date inserted ament's effective of the VI: Other provents of the REOUIRED SI	ate, if other than the date or ed, the date must be spect in this block does not me date on the Department of isions, if any. GNATURE: Signature of a mem This document is executed am aware that any false is	et the applicable statutory filing requirements, this date will not State's records. State's records.

Page 2 of 2