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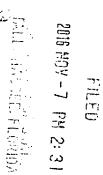
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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V HERRING NOV 10 2016

COVER LETTER

	gistration Section vision of Corporations	
	Distinctive Realty of SW Florida, LL	LC.
SUBJECT:	Name of Lir	imited Liability Company
The enclose	ed Articles of Organization and fee(s) ar	are submitted for filing.
Please retur	n all correspondence concerning this ma	natter to the following:
	David M. Sturdyvin	
		Name of Person
		Firm/Company
	1845 Trade Center Way	
•		Address
	Naples, FI 34109	
đ	C sturdyvin@comcast.net	City/State and Zip Code
_	<u> </u>	d for future annual report notification)
For further in	formation concerning this matter, pleas	se call:
1	David Sturdyvin 23	239 596-2966 Ext 114
-		Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fil	ling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & 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

2015 NOV -7 PM 2:31

ARTICLESO	FORGANIZATION FOR	RFLORIDALIMI	TED LIABILITY COMPA	ANY TALL CHASSET, FI DATA
ARTICLE I - Name: The name of the Limited Liabili				A CONTRACTOR OF ANY
Distinctive Realty of		d Liability Comp	pany, "L.L.C" or "LLC	2")
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the Lim	ited Liability Company	is:
Princip	al Office Address:		<u>Mailing</u>	Address:
1845 Trade Center V Naples, Fl 34109	/ay		42 Fairway Circle Naples, Fl 34110	
(The Limited Liability Company another business entity with an The name and the Florida street	active Florida registrati	on.)	nt. You must designate	an individual or
	1845 Trade Center V			
	Florida street addres		T acceptable)	_
	Naples	Fl	34109	_
	City	State	Zip	
Having been named as registered of place designated in this certificate, further agree to comply with the properties am familiar with and accept the ob	I hereby accept the approvisions of all statutes r	pointment as regis electing to the pro- us projestered ago	stered agent and agree to per and complete perfor	o act in this capacity. I rmance of my duties, and I
		(CONTINUE	D)	

Page 1 of 2

FILED
2016 NOY - 7 PH 2:31
JALLANACKEE, FILE 169

AMBR" = Authorized Member	Name and Address:
'MGR" = Manager MGR	David Sturdyvin
VICIC	1845 Trade Center Way
	Naples, FI 34109
	<u>.</u>
<u> </u>	
	
V: Effective date, if other than the date	e of filing: (OPTIONAL)
ctive date is listed, the date must be sp f filing.)	pecific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) the date inserted in this block does not be determined.	pecific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not be
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Page 2 of 2