Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

Phone : (800)342-9856

Fax Number

: (800)354-3381

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

Email	Address	:	

FLORIDA LIMITED LIABILITY CO. CDL NAPLES INVESTMENT, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$125.00

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11/15/2016

ARTICLES OF ORGANIZATION FOR VLORIDA LIMITED LIABILITY COMPANY

the name of the Limited Liability Company is:		
CDL Naples Investment LLC		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
7786 Lakeado Borkuard SAME		
Bora Rated, 71. 33484	_	
	<u>></u> % 5	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an in another business entity with an active Fiorida registration.)	NOV 16 CRAILARY CRAILARY	
The name and the Florida street address of the registered agent are:		
Kellen Chow	AH IO:	Ė
Námo		•
7786 Lakeside Boulevard	⊋F W	
Florida street address (P.O. Box NOT acceptable)		
Boca Raton PL 33484		
City 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 (REQUIRED)

(CONTINUED)

Page 1 of 2

CH/(aud) 2818(203)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	$\nu = 0.00$
AMBR	Kellen Chow
	7786 Lakeside Blvd.
	35434
ANZR	Sed Leas Lan
	7786 Lakesde Blud.
•	Doca Ro Lm. 71 33434
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(Use attachment if necessary) EV: Effective date, if other than the dective date is listed, the date must be of filing.)	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
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