

L16000217010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

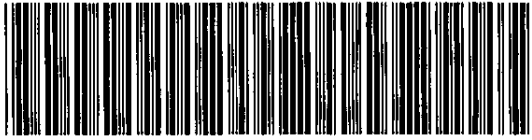
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-1

43

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Unit 1910 Tower II SSNW, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher A. Roche
Name of Person

Law Office of Christopher A. Roche
Firm/Company

229 N. Collier Boulevard
Address

Marco Island, FL 34145
City/State and Zip Code

croche@marcolawoffice.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher A. Roche at (239) 389-0700
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---------------------------------------|--|---|
| <input checked="" type="checkbox"/> \$125.00 | <input type="checkbox"/> \$130.00 | <input type="checkbox"/> \$155.00 | <input type="checkbox"/> \$160.00 |
| Filing Fee | Filing Fee &
Certificate of Status | Filing Fee &
Certified Copy
(additional copy
is enclosed) | Filing Fee, Certificate
of Status & Certified
Copy (additional copy
is enclosed) |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Street/Courier Address:
Registration Section
Division fo Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Unit 1910 Tower II SSNW, 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:

601 Blackmore Court
Marco Island, FL 34145

601 Blackmore Court
Marco Island, FL 34145

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 individual or another business entity with an active Florida registration.)

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

Christopher A. Roche

Name

229 N. Collier Boulevard

Florida Street Address (P.O. Box **NOT** accepted)

Marco Island

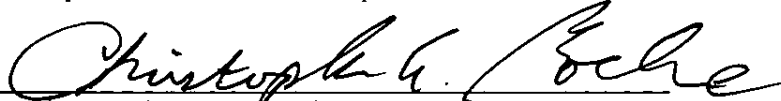
FL

34145

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)

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ARTICLE IV -

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

Title:

Name and Address

"AMBR" = Authorized Member

"MGR" = Manager

MGR

David McCall

601 Blackmore Court

Marco Island, FL 34145

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing _____

(OPTIONAL)

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of the 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.)

Christopher A. Roche

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)