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M. MOON
DEC 16 2016

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMIATA WAY NO. 102,LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

JAMES E. WILLIS, ESQ.

(Name of Person)

JAMES E. WILLIS, ESQ.

(Firm/Company)

851 5TH AVE N. #301

(Address)

NAPLES, FL 34102

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES E. WILLIS

(Name of Person)

at (239)

435-0094

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

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**ARTICLES OF ORGANIZATION
OF
AMIATA WAY NO. 102, LLC**

ARTICLE I – NAME

The name of the limited liability company is Amiata Way No. 102, ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:
10550 Amiata Way #102
Ft. Myers, FL 33913

Mailing Address:
600 Butte Street
Willard, OH 44890

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

JAMES E. WILLIS, ESQ.
851 5th Ave N. #301
Naples, Florida 34102

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.



JAMES E. WILLIS, ESQ.

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

MGR

DONN R. LIDINGTON
600 Butte Street
Willard, OH 44890

MGR

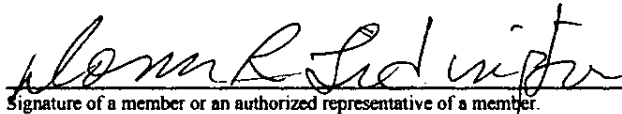
ELIZABETH G. LIDINGTON
600 Butte Street
Willard, OH 44890

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ARTICLE V - OTHER MATTERS

DONN R. LIDINGTON and ELIZABETH G. LIDINGTON, husband and wife, are each 50% owners of the membership interest in this company, which interest may be assigned pursuant to Operating Agreement.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

DONN R. LIDINGTON

Typed or printed name of signee