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C. GOLDEN APR 1 1 2017

## CORPORATE ACCESS, \_\_\_\_

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**SPECIAL INSTRUCTIONS:** 

236 East 6th Avenue. Tallahassee, Florida 32303

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#### **WALK IN**

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	CORPORATE NAME AND DOCUMENT #)  (CORPORATE NAME AND DOCUMENT #)	Center LLC
	(CORPORATE NAME AND DOCUMENT #)	A
	(CORPORATE NAME AND DOCUMENT #)	
	(CORPORATE NAME AND DOCUMENT #)	
	(CORPORATE NAME AND DOCUMENT #)	

#### **COVER LETTER**

Division of Corporations	
SUBJECT: Breckinridge Office Center LLC  Name of Limited Liability Company	<del></del>
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Kevin A. Denti, Esquire  Name of Person	
Kevin A. Denti, P.A. Firm/Company	
2180 Immokalee Road - Suite #316	
Naples, Florida 34110 City/State and Zip Code	
kdenti@dentilaw.com  E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Kevin A. Denti. Esquire at (239 ) 260-8111  Name of Person Area Code Daytime Telephone Numb	- ег
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &

Mailing Address
Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 7 (4P2) | P11 1/43

ARTICLE I - Name: The name of the Limited Liability Company is:	ANT CONTRACTOR STATE
Breckinridge Office Center LLC	ALLENDA COMPANIENT OF A STATE OF
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
23421 Walden Center Drive Estero, Florida 34134	23421 Walden Center Drive Estero, Florida 34134
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)  The name and the Florida street address of the registere.	n Registered Agent. You must designate an individual or on.)
_	·
<u>Keyin A. Denti. Esquire</u> Nam	e
2180 Immokalee Road - Suit Florida street address (P.O. Bo	
Naples	FL 34110
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ol	ervice of process for the above stated limited liability company at post the appointment as registered agent and agree to act in this it of all statutes relating to the proper and complete performance bligations of my position as registered agent as provided for in other 605, F.S
(CONTINU	JED)

Page 1 of 2

AMBR" = Authorized Member MGR" = Manager	Name and Address:
MGR	Walter S. Hagenbuckle
	23421 Walden Center Drive - Suite #300
	Estero, Florida 34134
<del></del> _	
Use attachment if necessary)  V: Effective date, if other than the date of filtive date is listed, the date must be specific	ing: (OPTIONAL)  and cannot be more than five business days prior to or 9
V: Effective date, if other than the date of fil	ing: (OPTIONAL) and cannot be more than five business days prior to or 9
V: Effective date, if other than the date of fil tive date is listed, the date must be specific filing.)	and cannot be more than five business days prior to or 9
V: Effective date, if other than the date of file tive date is listed, the date must be specific filing.)  VI: Other provisions, if any.	and cannot be more than five business days prior to or 9
V: Effective date, if other than the date of file tive date is listed, the date must be specific filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.020	or an authorized representative of a member.
V: Effective date, if other than the date of file tive date is listed, the date must be specific filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.020 constitutes an affirmation under the	or an authorized representative of a member.  (3) (1) (5), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.
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Page 2 of 2

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