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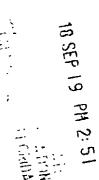
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	PEACHTREE TECH OFFICE CENTER LLC	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: <u>Peachtree Tech Office Center LL</u> Name of Lir	C mited Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Kevin A. Denti, Esquire		50 60
	Name of Person	
Kevin A. Denti, P.A.	P' (C)	
	Firm/Company	•
2180 Immokalee Road - Suite #31	6 Address	·
Naoles, Florida 34110	Pity/State and Zip Code	
kdenti@dentilaw.com E-mail address: (to be use	d for future annual report notifica	tion}
For further information concerning this matter, ple	ase call:	
Kevin A. Denti, Esquire at (239) 260-8111 Area Code Daytime Tele	ophone Number
Enclosed is a check for the following amount:		
☑ \$125.00 Filing Fee	□\$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	Street/Courier Addr	ess
Registration Section Division of Corporations	Registration Section Division of Corporati	ons
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Peachtree Tech Office Center LLC	
	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the princip.	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
23421 Walden Center Drive	ى
Suite #300	Suite #300
Estero, Florida 34134	Estero, Florida 34134
another business entity with an active Florida registr. The name and the Florida street address of the registe Kevin A. Denti, Esquire	ered agent are: ame Suite_#3.16
Naples	FL 34110
City	Zip
the place designated in this certificate, I hereby ac capacity. I further agree to comply with the provisio of my duties, and I am familiar with and accept the Co	et service of process for the above stated limited liability company at accept the appointment as registered agent and agree to act in this cons of all statutes relating to the proper and complete performance et obligations of my position as registered agent as provided for in thapter 605, F.S

Page 1 of 2

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	No. 11. 10. 11.
MGR	Walter S. Hagenbuckle
	23421 Walden Center Drive - Suite #300
	Estero, Florida 34134
	(a) (a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
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Page 2 of 2