

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : LYONS & LYONS, P.A.

Account Number : 120030000061 Phone : (239)948-1823 Fax Number : (239)948-1826

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

Email Address: rlyons@lyons-law.com

FLORIDA LIMITED LIABILITY CO. 1676599 OI, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION **OF** 1676599 OI, LLC

ARTICLE I - NAME

The name of the limited liability company is 1676599 OI, LLC, ("Company").

ARTICLE II - ADDRESS

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

Principal Office Address:

3621 Piazza Del Lago Circle, No. 106

Estero, FL 33928

Mailing Address:

8621 Piazza Del Lago Circle, No. 106

Estero, FL 33928

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

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

L&L PARA, Ltd. Co. 27911 Crown Lake Boulevard, Suite 209 Bonita Springs, FL 34135

Having been named as registered agent and to accept service of process for the above ated limited liability company at the place designated in this certificate, I hereby accept the ppointment as registered agent and agree to act in this capacity. I further agree to comply with he provisions of all statutes relating to the proper and complete performance of my duties, and I on familiar with and accept the obligations of my position as registered agent as provided for in

> L&L PARA, Ltd. Co., a Florida Hinited liability company Richard D. Lyons

Its: Manager

ARTICLES OF ORGANIZATION OF 1676599 OI, LUC

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

David Buchanan

8621 Piazza Del Lago Circle, No. 106

Estero, FL 33928

REQUIRED SIGNATURE:

Signature of a member origin 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.

Richard D. Lyons

Typed or printed name of signee