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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MOMBACH, BOYLE & HARDIN, P.A.

Account Number : 074143000064 : (954)467-2200 : (954)467-2210 Fax Number

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

Email Address: ___cboyle@mbhlawyer.com

FLORIDA LIMITED LIABILITY CO.

Neptune Naples, LLC

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ARTICLES OF ORGANIZATION

OF

NEPTUNE NAPLES, LLC

The undersigned, as the authorized representative of the initial member(s) of NEPTUNE NAPLES, LLC, a Florida limited liability company formed hereunder (the "Company"), on behalf of the member(s) of the Company, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I COMPANY NAME

The name of the Company is NEPTUNE NAPLES, LLC.

ARTICLE II MANAGEMENT

The Company will be a manager managed company. The initial managers are William Keenan and Dale Chynoweth.

ARTICLE III MAILING ADDRESS AND STREET ADDRESS OF COMPANY

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

1900 W. Commercial Boulevard Suite 200 Fort Lauderdale, Florida 33309

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ARTICLE IV REGISTERED AGENT AND REGISTERED AGENT ADDRESS

The registered agent and the street address of the registered agent of this Company in the

State of Florida shall be:

Conrad J. Boyle
Mombach, Boyle, Hardin & Simmons, P.A.
100 NE Third Avenue
Suite 1000
Fort Lauderdale, Florida 33301

SLURGARY OF STARF DIVISION OF CORPORATIONS

IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial member(s) of the limited liability company hereby executes these Articles of Organization, this 26 day of April, 2019.

CONRAD J. POYLE

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this 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.)

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STATE OF FLORIDA COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 26 day of April, 2019, by CONRAD J. BOYLE, who ____ is personally known to me or who ____ has produced a Florida driver's license as identification.

DEBRA AURAND
Commission # GG 001920
Expires July 10, 2020
Sonded Tara Toy Fein Insurance 800-385-7019

Notary Public - State of Florida My Commission Expires: Commission Number:

Having been named as registered agent and to accept service of process for the above 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.

DATED this <u>26</u> day of April, 2019.

COSPORATION

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