# Electronic Articles of Organization For Florida Limited Liability Company

L19000120085 FILED 8:00 AM May 02, 2019 Sec. Of State jafason

### **Article I**

The name of the Limited Liability Company is: WAINE FAMILY ENTERPRISES, LLC

### **Article II**

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

3838 TAMIAMI TRAIL NORTH SUITE 300 NAPLES, FL. US 34103

The mailing address of the Limited Liability Company is:

3838 TAMIAMI TRAIL NORTH SUITE 300 NAPLES, FL. US 34103

# **Article III**

Other provisions, if any:

ANY LAWFUL BUSINESS PURPOSES

### **Article IV**

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

GOODMAN BREEN 3838 TAMIAMI TRAIL NORTH SUITE 300 NAPLES, FL. 34103

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.

Registered Agent Signature: AMANDA L. GOODMAN

## **Article V**

The name and address of person(s) authorized to manage LLC:

Title: MGR DALE W WAINE 275 INDIES WAY, UNIT 1603 NAPLES, FL. 34110 US L19000120085 FILED 8:00 AM May 02, 2019 Sec. Of State jafason

Signature of member or an authorized representative

Electronic Signature: AMANDA L. GOODMAN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.