

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LYONS & LYONS, P.A.
Account Number : E2003000C061
Phone : (239)948-1823
Fax Number : (239)948-1826

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

Email Address: marjorie.proske@gmail.com

**FLORIDA LIMITED LIABILITY CO.
300 STEVENS LANDING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF
STATE
TALLAHASSEE, FLORIDA

2019 JUL 26 PM 4:42

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JUL 29 2019

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**ARTICLES OF ORGANIZATION
OF
300 STEVENS LANDING, LLC**

ARTICLE I - NAME

The name of the limited liability company is **300 Stevens Landing, LLC**, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:
9341 Campanile Circle
Naples, Florida 34114

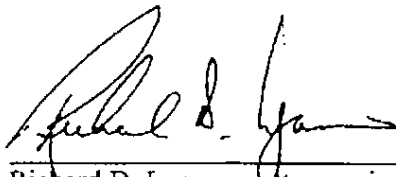
Mailing Address:
9341 Campanile Circle
Naples, Florida 34114

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

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

John Proske
9341 Campanile Circle
Naples, Florida 34114

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 as provided for in Chapter 605, F.S.



Richard D. Lyons as attorney-in-fact
for John Proske

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

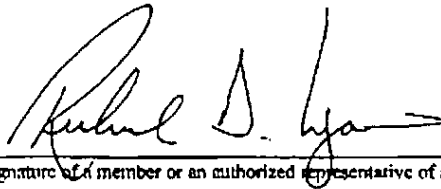
MGR

Name and Address:

John Proske
9341 Campanile Circle
Naples, Florida 34114

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TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:



Signature of a member or an 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, Esq.

Typed or printed name of signer