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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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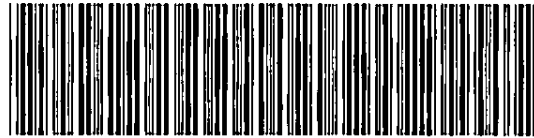
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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DAVID J. SIMMONS & ASSOCIATES, LLC

DAVID J. SIMMONS, J.D., M. TAX, L.L.M. (ESTATE PLANNING)

PHONE: 330.499.8899

BOARD CERTIFIED WILLS, TRUSTS & ESTATE ATTORNEY (FLORIDA BAR)

FAX: 330.499.1714

BOARD CERTIFIED SPECIALIST IN ESTATE PLANNING, TRUST AND PROBATE LAW (OHIO BAR)

FELLOW AMERICAN COLLEGE OF TRUST AND ESTATE COUNSEL

MEMBER OF OHIO, FLORIDA & NEW YORK BARS

E-MAIL: dsimmons@djsestatelaw.com

August 23, 2019

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: ESNY Beacon LLC

Dear Sir or Madam:

Enclosed please find the following:

1. Cover Letter;
2. Check in the amount of \$125.00 payable to Divisions of Corporations Florida for the filing fee; and
3. Articles of Organization for Florida Limited Liability Company.

I have also enclosed a copy to be time-stamped and returned to me in the enclosed, self-addressed stamped envelope.

Thank you.

Sincerely,



Michael A. Ross

MAR/bkd

Enclosures

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: ESNY Beacon LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael A. Ross
Name of Person

David J. Simmons & Associates
Firm/Company

4690 Munson St., Suite B
Address

Canton, OH 44718
City/State and Zip Code

mross@djsestatelaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael A. Ross 330 499-8899
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ESNY Beacon LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

900 5th Ave. South, Suite 202

Naples, FL 34102

900 5th Ave. South, Suite 202

Naples, FL 34102

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

David J. Simmons

Name

900 5th Ave. South, Suite 202

Florida street address (P.O. Box **NOT** acceptable)

Naples, FL 34102

City

State

Zip

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.

David J. Simmons
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

Carl S. Sorenson

900 5th Ave. South, Suite 202

Naples, FL 34102

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

David J. Simmons

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.

David J. Simmons, Authorized Representative

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)