Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Pax Number

: (850)617-6381

From:

Account Name : COHEN & GRIGSBY, P.C.

Account Number : 120030000062 Phone : (239)190-1912 Fax Number : (259)396-1901

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

AFC Florida Investment, LLC

Certificate of Status	3: Concess Mich. The Halleston
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Corporate Filing Menu

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ARTICLESOF	ORGANIZATION FOR	FLORIDA LIMI	TED LIABILITY COMP	ANY			
ARTICLE 1 - Name: The name of the Limited Liability	y Company is:						
AFC Florida Investm							
(Must conta	in the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.	")			
ARTICLE II - Address: The mailing address and street ad	ldress of the principal o	ffice of the Lim	ited Liability Company	is:			
Princips	1 Office Address:		Malifng	Address:			
6427 Pembroke Way			5427 Pembroke Way				
Naples, FL 34113			Naples, FL 34113	*******	_		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registratio	Registered Age on.) I agent are: Name te, 6200	nt. You must designate	an individual or	SECRETARY OF ST TALLMHAUSEE,	2019 SEP 17 AF10:	
	Naples	Fŧ_	34108		₩ 🔀	Ŝ	
	City	State	Zip	••••	L.		

tiuving 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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager AMBR	Irms Sansel	
	6427 Pembroka Way	
	Naples, Fl. 34113	
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ective date is issted, the date must be spe of filing.) The date insurred in this block does not m	of filing:	(T) days after
E V: Effective date, if other than the date ective date is listed, the date must be spe of filing.)	ecific and cannot be more than five business days prior to or 90 acct the applicable statutory filing requirements, this date will not	(T) days after
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EV: Effective date, if other than the date entire date is listed, the date must be spend filling.) The date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any. REOURED SIGNAPURE: Signature of a ment's document is execute I am aware that any false constitutes a third degree Carolyn Pierce, A	continued the more than five business days prior to or 90 sect the applicable statutory filing requirements, this date will not if State's records. The property of a member of state of a member of a memb	(T) days after