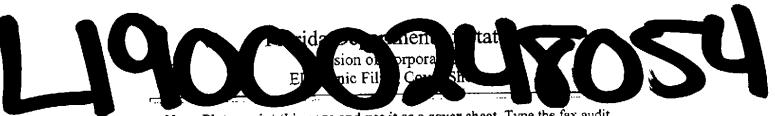
WATERFORD CENTRE

10/13/2019 01:00 Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003046473)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this: page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LYONS & LYONS, P.A.

Account Number : I20030000061

Phone : (239)948-1823

Fax Number : (239)948-1626

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

Email Address: ____rlyons@lyons-law.com

FLORIDA LIMITED LIABILITY CO. 7706 JEWEL LANE 102, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

K PACE

(((H190003046473)))

ARTICLES OF ORGANIZATION OF 7706 JEWEL LANE 102, LLC

ARTICLE I - NAME

The name of the limited liability company is 7706 JEWEL LANE 102, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address: 6440 Sable Ridge Lane Naples, Florida 34109 Mailing Address: 6440 Sable Ridge Lane Naples, Florida 34109

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

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

Lizabeth Cuenya 6440 Sable Ridge Lane Naples, Florida 34109

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 Lizabeth Cuenya

(((H190003046473)))

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

Lizabeth Cuenya 6440 Sable Ridge Lane Naples, Florida 34109

REQUIRED SIGNATURE:

Signature of a member or an aythorized 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 follony as provided for in s.817.155, F.S.

Richard D. Lyons

Typed or printed name of signee