# 419000286281

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



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2015 DEC -5 PH 2: 10

, j - 1, 7019

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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| Thorie. 930 330 1300  |  |  |  |  |  |
|---|--|--|--|--|--|
| ACCOUNT NO. : I2000000195   |  |  |  |  |  |
| REFERENCE: 076884 4364659   |  |  |  |  |  |
| AUTHORIZATION THE BELLENON  |  |  |  |  |  |
| COST LIMIT : (\$ 125.00 )   |  |  |  |  |  |
| ORDER DATE: December 5, 2019  |  |  |  |  |  |
| ORDER TIME : 1:08 PM  |  |  |  |  |  |
| ORDER NO. : 076884-005  |  |  |  |  |  |
| CUSTOMER NO: 4364659  |  |  |  |  |  |
|   |  |  |  |  |  |
| DOMESTIC FILING   |  |  |  |  |  |
| NAME: MM ESTERO FL LLC  |  |  |  |  |  |
|   |  |  |  |  |  |
| EFFECTIVE DATE:   |  |  |  |  |  |
| ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP        |  |  |  |  |  |
| XX ARTICLES OF ORGANIZATION   |  |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:                     |  |  |  |  |  |
| CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING |  |  |  |  |  |
| CONTACT PERSON: Kadesha Roberson - EXT.                             |  |  |  |  |  |
| EXAMINER'S INITIALS:  |  |  |  |  |  |

## **COVER LETTER**

|                | w Filing Section<br>vision of Corporations |                                |  |   |  |
|----------------|--|--------------------------------|--|---|--|
| SUBJECT:       | MM ESTERO FL LLC                           |                                |  |   |  |
| 30101.01       |  | ame of Limited Liab            | lity Company   |   |  |
| The enclose    | d Articles of Organization and             | d fee(s) are submitte          | d for filing.  |   |  |
| Please retur   | n all correspondence concerni              | ng this matter to the          | following:   |   |  |
|                | Jeffrey A. Wandell                         |                                |  |   |  |
|                |  | Name o                         | f Person   |   |  |
|                |  |                                |  |   |  |
|                |  | Firm/C                         | отралу   |   |  |
|                | 4151 Gulf Shore Blvd. N., Aj               | pt. 405                        |  |   |  |
|                |  | Ado                            | ress   | · · ·   |  |
|                | Naples, FL 34103                           |                                |  |   |  |
| C              | raigd@pgisales.com                         | City/State a                   | nd Zip Code  |   |  |
| _              |  | to be used for future          | annual report notificat                                  | ion)  |  |
| For further in | formation concerning this ma               | tter, please call:             |  |   |  |
|                | leffrey A. Wandell                         | 217<br>at (                    | 369-5558   |   |  |
| -              | Name of Person                             |                                | Daytime Telephor   | ne Number   |  |
| Enclosed is    | a check for the following amo              | ount:                          |  |   |  |
| ≣\$125.00      | _  | ing Fee & □\$1<br>Status Certi | 55.00 Filing Fec &<br>fied Copy<br>nal copy is enclosed) | ☐\$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |
|                | Mailing Address                            |                                | Street Address   |   |  |
|                | New Filing Section Division of Corporation | ne                             | New Filing Section Division The Centre of Tallahassee    |   |  |
|                | P.O. Box 6327                              | 13                             | 2415 N. Monroe Stre                                      | et, Suite 810   |  |
|                | Tallahassee, FL 32314                      |                                | Tallahassee, FL 3230                                     | 03  |  |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| RTICLE I - Name:   |   |  |  |  |
|--|---|--|--|--|
| e name of the Limited Liabil   | ity Company is:                                       |  |  |  |
|  |   |  |  |  |
| MM ESTERO FL L   | LC  |  |  |  |
| (Must con  | atin the words "Limited                               | l Liability Con                          | npany, "L.L.C.," or "LLC.")                |  |
| TICLE II Address   |   |  |  |  |
| TICLE II - Address:  | address of the principal                              | office of the L                          | .imited Liability Company is:              |  |
| . Itaming address and succe  | address of the principal                              | office of the L                          | initied Elability Company is:              |  |
| Principal Office Address:  |   |  | Mailing Address:                           |  |
| 4151 Gulf Shore Blvd. N., Apt. 405   |   |  | 4151 Gulf Shore Blvd. N., Apt. 405         |  |
| Naples, FL 34103   |   | <del></del>                              | Naples, FL 34103                           |  |
| -  |   |  |  |  |
| RTICLE III - Registered Agne Limited Liability Companiother business entity with an ename and the Florida street | y cannot serve as its ow<br>active Florida registrati | n Registered A<br>ion.)<br>ed agent are: | Agent. You must designate an individual or |  |
|  |   | Name                                     |  |  |
|  | 1201 Hays Street                                      |  |  |  |
|  | Florida street addre                                  | ss (P.O. Box 🏾                           | NOT acceptable)                            |  |
|  | Tallahassee   | FL                                       | 32301                                      |  |
|  | City  | State                                    | Zin  |  |

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Harry B. Davis Asst. Vice President

2013 DEC -5 Pii 2: 1:

| Title: "AMBR" = Authorized Member "MGR" = Manager   | Name and Address:   |
|---|---|
| <u>MGR</u>  | Jeffrey A. Wandell 4151 Gulf Shore Blvd. N., Apt. 405 Naples, FL 34103  |
|   |   |
|   |   |
|   |   |
| (Use attachment if necessary)   |   |
| ffective date is listed, the date must be of filing.) If the date inserted in this block does | e date of filing: December 5, 2019 (OPTIONAL)  not meet the applicable statutory filing requirements, this date will not be listed. |
| ument's effective date on the Departi   | ment of State's records.  |

### **REOUIRED SIGNATURE:**

# /s/ Jeffrey A. Wandell

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.

Jeffrey A. Wandell

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)