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2020 FEB 12 PM 1: 16 SECRETARY OF STATI

N CULLIGAN: FEB 13 2020

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 177425 157980A AUTHORIZATION : COST LIMIT : \$ 140 ORDER DATE: February 11, 2020 ORDER TIME : 9:53 AM ORDER NO. : 177425-005 CUSTOMER NO: 157980A DOMESTIC FILING NAME: WEST TERRY 26501, LLC EFFECTIVE DATE: _ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

___ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

COVER LETTER

	ew Filing Section lyision of Corporations							
CIID IECTI	West Terry 26501, LLC							
SUBJECT:Name of Limited Liability Company								
The encios	ed Articles of Organization and fee	e(s) are submitted	for filing.					
Please retu	rn all correspondence concerning t	his matter to the f	ollowing:					
	Kevin J. Walls							
		Name of	Person					
	c/o Benecard Services, Inc.							
		Firm/Co	mpany					
	26501 S. Tamiami Trail							
		Addr	ess					
	Bonita Springs, Florida 34134	ļ						
	kjw@ufplp.com	City/State and	1 Zip Code					
-		used for future a	nnual report notification)					
For further in	nformation concerning this matter,	please call:						
	Kevin J. Walls	239 at (908-9008					
	Name of Person	Area Code	Daytime Telephone Number					
Enclosed is	a check for the following amount:							
\$ 125.0 0 Fi		& \$155.0	of Filing Fee & S160.00 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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 FEB 12 PM 1: 16

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

(Must contain the words "Limited I	iability Company	, "L.L.C.," or "LLC.")	
FICLE II - Address:			
mailing address and street address of the principal of	Tice of the Limited	Liability Company is:	
Principal Office Address:		Mailing Address:	
26501 S. Tamiami Trail	265	i01 S. Tamiami Trail	
Bonita Springs, Florida 34134	Bor	Bonita Springs, Florida 34134	
FICLE III - Registered Agent, Registered Office, & Limited Liability Company cannot serve as its own ther business entity with an active Florida registration	Registered Agent.		
Limited Liability Company cannot serve as its own ther business entity with an active Florida registration	Registered Agent. n.)		
Limited Liability Company cannot serve as its own their business entity with an active Florida registration name and the Florida street address of the registered	Registered Agent. n.)		
Limited Liability Company cannot serve as its own ther business entity with an active Florida registration	Registered Agent. n.)		
Limited Liability Company cannot serve as its own their business entity with an active Florida registration name and the Florida street address of the registered	Registered Agent. n.) agent are: Name		
Limited Liability Company cannot serve as its own her business entity with an active Florida registration name and the Florida street address of the registered Kevin J. Walls	Registered Agent. n.) agent are: Name	You must designate an individua)	
Limited Liability Company cannot serve as its own her business entity with an active Florida registration name and the Florida street address of the registered Kevin J. Walls 26501 S. Tamiami	Registered Agent. n.) agent are: Name	You must designate an individua	

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 Sent's Signature (REQUIRED)

Kevin J. Walls

(CONTINUED)

	Title:		Name and Address:		
	"AMBR" = Authorized	Member			
	"MGR" = Manager		Bara Barka Barta and B		
	AMBR		Rage Realty Partners L.P. 26501 S. Tamiami Trail		
			Bonita Springs, Florida 34134		
			Bolina Springs, Florida 34154	Ø	2
	MGR		Kenneth D. Ullman	₩.	7 0292
	••		26501 S. Tamiaml Trail	产型	_
			Bonita Springs, Florida 34134		ב
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	(Use attachment if nece	ssary)			
ARTIC	LEV: Effective date, if o	ther than the date of filing:	(OPTIONAL)		
			cannot be more than five business days prior to or 90	days aft	ег
	of filing.)	•		•	
			pplicable statutory filing requirements, this date will no	t be listed	BS
the doc	ument's effective date on	the Department of State's	records.		
ARTIC	LE VI: Other provisions,	ifany			
	,				
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	PEOLUPED SIGNAT	IIDE. /		<u></u>	
	REQUIRED SIGNAT	URE: 1/ 4/	11/4		
		Kenth D.			
	s	ignature of a member or	an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes.		

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)

Kenneth D. Ullman

constitutes a third degree felony as provided for in s.817.155, F.S.

ARTICLE IV-