

L20000056323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

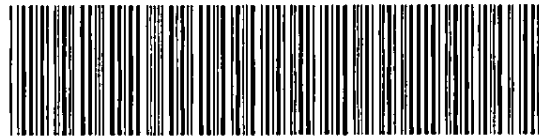
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FL

2020 FEB 20 AM 10:39

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NOTARIAL

FEB 24 2020

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

ACCOUNT NO. : I20000000195

REFERENCE : 187055 4328337

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE : February 20, 2020

ORDER TIME : 11:56 AM

ORDER NO. : 187055-005

CUSTOMER NO: 4328337

DOMESTIC FILING

NAME: 7104 DOMINICA DRIVE, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_



**RESUBMIT**

Please give original  
submission date as file date.

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2020

CSC

SUBJECT: 7104 DOMINICIA DRIVE, LLC  
Ref. Number: W20000018487

We have received your document for 7104 DOMINICIA DRIVE, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the Registered Agents exactly as it appears on DOS records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 720A00003878

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2020 FEB 20 AM 10:39

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE  
TALLAHASSEE, FL

7104 Dominica Drive, 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:

7104 Dominica Drive

Naples, FL 34113

1010 Central Avenue

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:

Dentons Cohen & Grigsby P.C., Inc.

Name

9110 Strada Place, Mercato - Suite 6200

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

Naples

FL

34108

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.*

Dentons Cohen & Grigsby P.C., Inc.

By



Registered Agent's Signature (REQUIRED)  
Felix Mehler, Esq.

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

David Rogers  
1010 Central Avenue  
Naples, FL 34102

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2020 FEB 20 AM 10:39  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

(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:**

Lynne M. Rader

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.

Lynne M. Rader, 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)