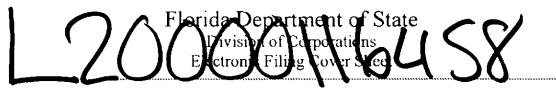
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CSC TRANSO1

Division of Corporations



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(((H200001281473)))



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FLORIDA LIMITED LIABILITY CO. 725 CORAL DRIVE INVESTMENT PARTNERS LLC

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COVER LETTER TO: New Filing Section **Division of Corporations** 725 Coral Drive Investment Partners LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Morgan Hila Name of Person Woods, Weidenmiller, Michetti, & Rudnick, LLP Firm/Company 9045 Strada Stell Court, 4th Floor Address Naples/FL 34109 City/State and Zip Code mhila@lawfirmnaples.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Morgan Hila Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

H20000128147 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:		
725 Coral Drive Inve	stment Partners L.I.C.		
		Liability Com	pany, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the L	imited Liability Company is:
<u>Principa</u>	Office Address:		Mailing Address:
1530 Clermont Drive Naples, FL 34109	, G-303		1530 Clermont Drive, G-303 Naples, FL 34109
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ar- The name and the Florida street a	cannot serve as its own ctive Florida registrati	n Registered A on.) d agent are:	d Agent's Signature: gent. You must designate an individual or
		Name	
	9045 Strada Stell Co	ourt, 4th Floor	
	Florida street addre	ss (P.O. Box 🗅	IOT acceptable)
	Naples	FL	34109
	City	State	Zip
place designated in this certificate, , further agree to comply with the pre	l hereby accept the apportisions of all statutes in igations of my position	pointment as re relating to the p t as registered to	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I agent as provided for in Chapter 605, F.S Signature (REQUIRED)
		(CONTINU	JED)

DocuSign Envelope ID: 9680370B-2402-4406-84AA-95361A74E426

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
MGR	Ken Dillman 1530 Clermont Drive, G-303		
	Naples, FL 34109		
E V: Effective date, if other than the ective date is listed, the date must b	date of filing: (OPTION e specific and cannot be more than five business days prio	AL) r to or 90	days :
ective date is listed, the date must be of filing.)	e specific and cannot be more than five business days prio not meet the applicable statutory filing requirements, this da	r to or 90	-
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