L20000199401

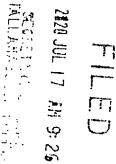
(Red	questor's Name)	
(Add	fress)	
(Add	lress)	
(City	/State/Zip/Phon	e #)
PICK-UP	Wait	MAIL
(Bus	iness Entity Nar	me)
(Doc	cument Number))
Certified Copies	Certificates	s of Status
Special Instructions to F		
		:

Office Use Only



200347725562

07/17/20--01007--011 **125.00



i SispleA i Sio Súso

CORPORATE

When you need ACCESS to the world

ACCESS, INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALKIN					
		PIC	K UP:	07/17/2020	_
		CERTIFIED COPY			-
	XX	РНОТОСОРУ			
		CUS	_		
	xx	FILING	LLC		
1.		3578 TAMIAMI LLC (CORPORATE NAME AND DOCU	JMENT #)		
2.	-	(CORPORATE NAME AND DOCU	IMENT #)		
3.	-	(CORPORATE NAME AND DOCU	MENT #)	-	
4.	-	(CORPORATE NAME AND DOCU	MENT #)		20 JUL
5.	-	(CORPORATE NAME AND DOCU	MENT #)		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
6.	-	(CORPORATE NAME AND DOCU	MENT #)		3
	ECIAI TRUC	CTIONS:			**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	y Company is:			
3578 Tamiami LLC				
(Must conta	in the words "Limit	ed Liability Cor	mpany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ad	dress of the principa	I office of the I	Limited Liability Company is:	
Principa	Office Address:		Mailing Address:	
4980 Tamiami Trail N	Ţ <u>.</u>		4980 Tamiami Trail N.	
#201			#201	
Naples, FL 34103			Naples, FL 34103	
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac The name and the Florida street ac	annot serve as its or tive Florida registra	wn Registered A tion.)	Agent, You must designate an individual or	
	Andrew J. Saluan			
Name				
	4980 Tamiami Trail N., #201			
	Florida street address (P.O. Box NOT acceptable)			
	Naples	FL	34103	
	City	State	Zip	
aving been named as registered ag	ent and to accept ser	vice of process	for the above stated limited liability company at	

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)



ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR	Andrew J. Saluan		
	4980 Tamiami Trail N., #201 Naples, FL 34103		
			
(Use attachment if necessary)			
the date of filing.) Note: If the date inserted in this block does not m	of filing:		
the document's effective date on the Department of	I State's records.		
ARTICLE VI: Other provisions, if any.			
REOUIRED SIGNATURE:	Lant Esq.		
I am aware that any false	nber or an authorized representative of a member. Id in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817,155, F.S.		

Jeff Novatt, Esq., 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)