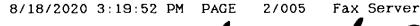
CSC TRANS01



8/18/2020



Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000285273 3)))



H200002852733ABC\$

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future Cannual report mailings. Enter only one email address please.\*\*

(한글 한국는 Email Address:\_

# FLORIDA LIMITED LIABILITY CO. ARO NORTH NAPLES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

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### H20000285273 3

		COVER LETTER
	stration Section sion of Corporations	
SUBJECT:	ARO North Naples, LL	LC
oobole i.	Name of	f Limited Liability Company
The enclosed	Articles of Organization and fee(s	s) are submitted for filing.
Please return :	all correspondence concerning thi	is matter to the following:
	Katy Festa	
		Name of Person
	Theriac Enterp	prises
<del></del>		Firm/Company
	6321 Daniels P	Parkway, Suite 200
		Address
	Fort Myers, Fl	L 33912
	katy@theriacente	City/State and Zip Code erprises.com
	E-mail address: (to be u	used for future annual report notification)
For further infor	mation concerning this matter, pl	lease call:
	Katy Festa	239 936-1904
<del></del>	Name of Person	Area Code Daytime Telephone Number
Enclosed is a c	heck for the following amount:	
\$125,00 Filing	; Fee \$130.00 Filing Fee & Certificate of Status	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	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

#### H20000285273 3

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	ility Company is:		
The name of the Emmed Liao.	unty Company is:		
AR	RO North Naples, LI	LC	
(Must en	d with the words "Limited	d Liability Compa	my, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal c	office of the Limit	ed Liability Company is:
<u>Princ</u>	ipal Office Address:		Mailing Address:
6321 Daniels Parkw	ay, Suite 200		6321 Daniels Parkway, Suite 200
Fort Myers, FL 339	)12	<del></del>	Fort Myers, FL 33912
i ne name and the Florida stree	et address of the registered		
The name and the Florida stree	t address of the registered	l agent are:	
	TEM, LLC	<u>c</u>	
		Name	
	6321 Daniels	8 Parkway, Suite 2	00
	Florida street address	s (P.O. Box <u>NOT</u>	acceptable)
	Fort Myers	FL	33912
	City	State	Zip
ace designated in this certificat rther agree to comply with the p	e, I hereby accept the appo provisions of all statutes re obligations of my position of	ointment as registe elating to the prop as registered agen	he above stated limited liability company at the cred agent and agree to act in this capacity. I er and complete performance of my duties, and let as provided for in Chapter 605, F.S.
	Registe	ered Agent's Sign	ature (REQUIRED)
		(CONTINUED	)
		Page 1 of 2	

## H20000285273 3

Citle:	Name and Address:	
'AMBR" = Authorized Member		
'MGR" = Manager MGR	TEM, LLC	
BICK.	6321 Daniels Parkway, Suite 200	
	Fort Myers, FL 33912	
	•	
Use attachment if necessary)		
ctive date is listed, the date must be specific an filling.) he date inserted in this block does not meet the	c: (OPTIONA nd cannot be more than five business days prior applicable statutory filing requirements, this date	to or 90 d
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