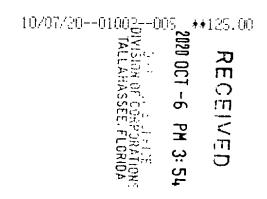
# L20000304839

| (Requestor's Name)                      |
|-----------------------------------------|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Fifing Officer  |
|                                         |
|                                         |
|                                         |

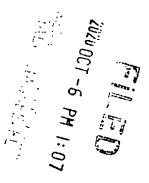
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## **WALK IN**

|                | PICK                      | UP:    | 10/06/2020 |   |                                       |
|----------------|---------------------------|--------|------------|---|---------------------------------------|
|                |                           |        |            |   |                                       |
|                | CERTIFIED COPY            |        |            |   |                                       |
| xx             | РНОТОСОРУ                 |        |            |   |                                       |
|                | CUS                       |        |            |   |                                       |
| xx             | FILING                    | LLC    |            |   |                                       |
| t.             | TAMIAMI HABITAT LLO       |        |            |   |                                       |
|                | TCORPORATE NAME AND DOCUM | ENI#)  |            |   |                                       |
| 2.             | (CORPORATE NAME AND DOCUM | ENT #) |            |   |                                       |
| <b>3.</b>      |                           |        |            |   |                                       |
| ·•             | (CORPORATE NAME AND DOCUM | ENT #) |            | · |                                       |
| ļ.             |                           |        |            |   |                                       |
|                | (CORPORATE NAME AND DOCUM | ENT#)  |            |   |                                       |
| ;<br>•         |                           |        |            |   |                                       |
|                | (CORPORATE NAME AND DOCUM | ENI#)  |            |   |                                       |
| •              | (CORPORATE NAME AND DOCUM | ENT #) |            |   | · · · · · · · · · · · · · · · · · · · |
|                |                           |        |            |   |                                       |
| PECIA<br>NSTRU | L<br>JCTIONS:             |        |            |   |                                       |
|                |                           |        |            |   |                                       |
|                |                           |        |            |   |                                       |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Tamiami Habitat LLC                                           |                                               |
|---------------------------------------------------------------|-----------------------------------------------|
| (Must contain the words "Limited Liabi                        | lity Company, "L.L.C.," or "LLC,")            |
| DTICLE II. A LIVE                                             |                                               |
| RTICLE II - Address:                                          |                                               |
| ne mailing address and street address of the principal office | of the Limited Liability Company is:          |
|                                                               |                                               |
| <b>5.</b>                                                     |                                               |
| Principal Office Address:                                     | Mailing Address:                              |
| Principal Office Address: 4980 Tamiami Trail N.               | <del></del>                                   |
|                                                               | Mailing Address:  4980 Tamiami Trail N.  #201 |

The name and the Florida street address of the registered agent are:

Andrew J. Saluan

Name

4980 Tamiami Trail N., #201

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

Naples FL 34103

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..

(CONTINUED)

d Agent's Signature (REQUIRED)

# 

ARTICLE VI: Other provisions, if any,

the date of filing.)

This limited liability company is a manager-managed limited liability company.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as

#### REQUIRED SIGNATURE:

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.

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)

the document's effective date on the Department of State's records.