

11/23/2020

Division of Corporations

H20000403322 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L2 0000359809

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.

(((H20000403322 3)))



H200004033223ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
CDS ALEXANDER LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

H20000403322 3

H20000403322 3

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

Article I

The name of the Limited Liability Company is:

CDS ALEXANDER LLC

Article II

The street address of the principal office of the Limited Liability Company is:

240 AVIATION DRIVE NORTH
SUITE 200
NAPLES, FLORIDA 34104

The mailing address of the Limited Liability Company is:

240 AVIATION DRIVE NORTH
SUITE 200
NAPLES, FLORIDA 34104

Article III

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

CLEVE D. SHERRILL
240 AVIATION DRIVE NORTH
SUITE 200
NAPLES, FLORIDA 34104

202010123 AM 9:06

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.

Registered Agent Signature: _____

Cleve D. Sherrill

H20000403322 3

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
CLEVE D. SHERRILL
240 AVIATION DRIVE NORTH, SUITE 200
NAPLES, FLORIDA 34104 US

Signature of member or an authorized representative

Member or authorized representative: Cleve D. Sherrill

Signature: /s/ Cleve D. Sherrill

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

20201011 23 AM 9:06