

L21000058141

Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
MIDTOWN BUSINESS CENTER LLC

Certificate of Status	1
Certified Copy	0
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Second Request

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Corporate Filing Menu

Help

T. BURCH
FEB 13 2021

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LLC.")*

MIDTOWN BUSINESS CENTER LLC

ARTICLE II - Address:

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

Principal Address: 2600 Fowler Street, Ft Myers, FL 33901
Mailing Address: P.O. Box 9269, Ft Myers, FL 33901

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

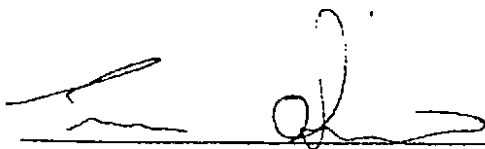
Evan Graves
2600 Fowler Street, Ft Myers, FL 33901

ARTICLE IV-

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

MGR
Evan Graves

This Limited Liability Company is Manager-Managed, and the authority of the Manager to bind this Limited Liability Company is limited as provided in its Operating Agreement.
The Limited Liability Company appoints Evan Graves, as Manager

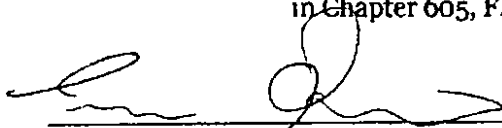
Required Signatures:**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.

**Typed or printed name of signee**

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)**

FILED
2021 FEB 12 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA