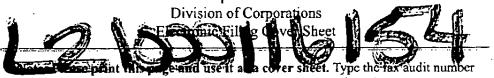
Florida Department of State



(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.

Account Number : I20170000034 Phone : (239)689-1096 Fax Number : (239)791-8132

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

Email Address: LLGC/OLYCU-advacts.org

FLORIDA LIMITED LIABILITY CO. 3827 Chiquita, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Corporate Filing Menu

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COVER LETTER

TO: New Filing Sec Division of Co			
SUBJECT: 3827 CHIII	QUITA, LLC Name of Lin	mited Liability Company	
The enclosed Articles of	Organization and fec(s) ar	e submitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
RITA JACI	CMAN	Name of Person	
		Firm/Company	
12381 S. CI	EVELAND AVE STE 20	0 Address	
FORT MYI	ERS, FL 33907		
	(City/State and Zip Code	
	OUR-ADVOCATES.ORG		
	E-mail address; (to be used	for fitture annual report notificat	30n)
For further information co	oncerning this matter, pleas	e call:	
RITA JACK	MAN at (2	39) 689-1096	
Nan		rea Code Daytime Telephor	ne Number
Enclosed is a check for t	the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fce & Certificate of Status	U\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
New F Divisi P.O. E	ng Address Filing Section on of Cerporations Box 6327 cassee, FL 32314	Street Address New Filing Section D The Centre of Tallah 2415 N. Montroe Stre Tallahassee, FL 3230	assee et, Suite 810

15,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
3827 CHIQUITA, LLC		
(Must contain the words "Lim	ited Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and street address of the princip	pal office of the Li	mited Liability Company is:
Principal Office Address:		Mailing Address:
3827 CHIQUITA BLVD S		3827 CHIQUITA BLVD S
CAPE CORAL, FL 33914		CAPE CORAL, FL 33914
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist The name and the Florida street address of the regis	own Registered A ration.)	Agent's Signature: gent. You must designate an individual o
RITA JACKMA	.N	
<u></u>	Name	
12381 S CLEVI	LAND AVE STE	200
Florida street ad	dress (P.O. Box N	OT acceptable)
FORT MYERS	FL	33907

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.

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

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Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
AMBR	JAYLEEN LEONBRUNO		
American	3 LAFOND DRIVE		
	GANSEVOORT, NY 12831		
AMBR	PERRY LEONBRUNO		
AWIBK	3 LAFOND DRIVE		
	GANSEVOORT, NY 12831		
			
			
effective date is listed, the date must be te of filing.) If the date inserted in this block does	date of filing: (OPTIONAL) not specific and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not		
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