

L21000184331

(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 Filing Officer:

Office Use Only



500365122625

04/29/21--01001--005 \*\*125.00

2021 APR 29 PM 2:49

2021 APR 23 PM 11:23

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 4/28 Glinda

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- xx** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- xx** **FILING** LLC \_\_\_\_\_

1. **6631 TRIDENT WAY, LLC**  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2021 MAR 28 PM 11:24

**ARTICLES OF ORGANIZATION  
OF 6631 TRIDENT WAY, LLC**

The undersigned, as the Managers of this limited liability company pursuant to Chapter 605 of the Florida Statutes, hereby form a limited liability company under the laws of the State of Florida and adopt the following Articles of Organization for said limited liability company:

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

The name of this limited liability company shall be 6631 TRIDENT WAY, LLC.

ARTICLE II - PERIOD OF DURATION

The period of duration of this limited liability company shall commence on the date of filing of these Articles, and shall continue until dissolved pursuant to Chapter 605 of the Florida Statutes.

ARTICLE III - MAILING ADDRESS AND PRINCIPAL OFFICE

The mailing address of this limited liability company shall be 4765 Whispering Pine Way, Naples, Florida 34103. The street address of the principal office of this limited liability company shall be 4765 Whispering Pine Way, Naples, Florida 34103.

ARTICLE IV - INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The initial street address of the registered office of this limited liability company in the State of Florida shall be 4765 Whispering Pine Way, Naples, Florida 34103. The name of the initial registered agent of this limited liability company at that address is Linda Helen Sonders. The Members may from time to time designate a new registered agent.

ARTICLE V - MANAGEMENT

This limited liability company shall be managed by one or more Managers in accordance with the Operating Agreement of this limited liability company.

ARTICLE VI - MANAGER

The name and address of the Manager of the limited liability company signing these Articles of Organization are:

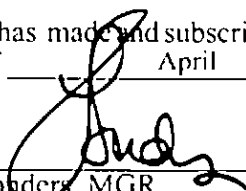
Name

Address

Linda Helen Sonders, MGR

4765 Whispering Pine Way  
Naples, Florida 34103

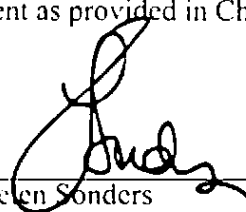
IN WITNESS WHEREOF, the undersigned Manager has made and subscribed these Articles of Organization at Naples, Florida, as of the 27 day of April, 2021.

  
\_\_\_\_\_  
Linda Helen Sonders, MGR

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service 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 in Chapter 605 of the Florida Statutes.

Dated as of April 27, 2021

  
\_\_\_\_\_  
Linda Helen Sonders

G:\JBW\sondersLH. 6631 Trident Way LLC. mgr.art.wpd