

L21000196848

## Florida Department of State

Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : LYONS & LYONS, P.A.  
Account Number : I20030000061  
Phone : (239)948-1823  
Fax Number : (239)948-1826

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Email Address: rlyons@lyons-law.com

## FLORIDA LIMITED LIABILITY CO.

## Summer Sailing, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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Corporate Filing Menu

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2021 MAY 5 PM 3:51  
T. BURCH

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ARTICLES OF ORGANIZATION  
OF  
SUMMER SAILING, LLC

ARTICLE I – NAME

The name of the limited liability company is Summer Sailing, LLC, ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:  
52 Johnnycake Drive  
Naples, Florida 34110

Mailing Address:  
52 Johnnycake Drive  
Naples, Florida 34110

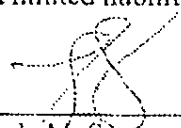
ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

L&L PARA, Ltd. Co.  
27911 Crown Lake Boulevard, Suite 209  
Bonita Springs, Florida 34135

*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.*

L&L PARA, Ltd. Co., a  
Florida limited liability company

By:   
Linda M. Stevens  
Its: Manager

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:  
"MGR" = Manager  
"AMBR" = Authorized Member

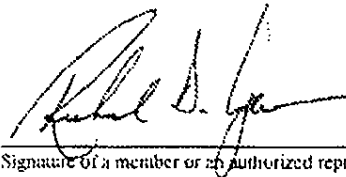
MGR

Name and Address:

Kristen M. Lieberth  
52 Johnnycake Drive  
Naples, Florida 34110

2021 MAY -3 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Richard D. Lyons


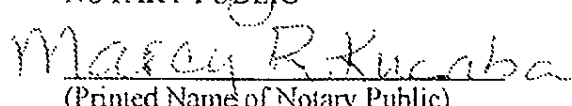
Typed or printed name of signee

STATE OF FLORIDA  
COUNTY OF LEE

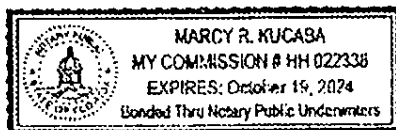
The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 5<sup>th</sup> day of May, 2021 by Richard D. Lyons, who is personally known to me or who has produced \_\_\_\_\_ as identification.

My Commission Expires:

10/19/2024

  
NOTARY PUBLIC  
  
(Printed Name of Notary Public)

(SEAL)



ARTICLES OF ORGANIZATION OF SUMMER SAILING, LLC

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