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.

(((H210001946993)))



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 : LYONS & LYONS, P.A.

Account Number : I20030000061 Phone : (239)948-1823 Fax Number : (239)948-1826

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

Email Address:\_rlyons@lyons-law.com

## FLORIDA LIMITED LIABILITY CO. FGCENT 9th AVE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

(((H210001946993)))

# ARTICLES OF ORGANIZATION OF FGCENT 9TH AVE, LLC

ARTICLE I ~ NAME

The name of the limited liability company is FGCENT 9th Ave, LLC, (the "Company").

#### ARTICLE II - ADDRESS

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

Principal Office Address:
2180 Immobales Road, Suite 10

2180 Immokalee Road, Suite 101

Naples, Florida 34110

Mailing Address:

2180 Immokalee Road, Suite 101

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 Mr Stevens

Its: Manager

**(i)** 

5/14/21, 1:51 PM To: +1 850-617-6381 From: +1 239-948-1826 Articles of Organization for FGCENT 9th AVE, Page 3/3

(((H21000194699 3)))

#### ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

**MGR** 

LEELA LAVASANI

2180 Immokalee Road, Suite 101

Naples, Florida 34110

MGR

PATRICK M. REIDY

2180 Immokalee Road, Suite 101

Naples, Florida 34110

MGR

SAMUEL L. HILL, III

2180 Immokalec Road, Suite 101

Naples, Florida 34110

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