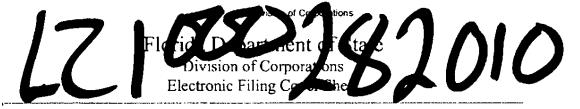
6/16/2021



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Fmail	Address:			
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FLORIDA LIMITED LIABILITY CO. M|Y Pershing 82 LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$ 155.00

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Corporate Filing Menu

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AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

M|Y Pershing 82 LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1560 Caxambas Court	1560 Caxambas Court
Marco Island, Florida 34145	Marco Island, Florida 34145

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

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

C T Corporation Sys	tem	
_	Name	
1200 South Pine Isla	nd Road	
Florida street addres	s (P.O. Box NOT acc	eptable)
Plantation	Florida	33324
City	State	Zip

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..

C T Corporation System

By: Kith A. Wilden

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title:		Name and Address:
"AMBR" = Aud "MGR" = Mana	horized Member	
MGR	_	Michael C. Bours
NIGK		Michael G. Boyas 1560 Caxambas Court
		Marco Island, Florida 34145
		
		
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