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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 898753 7977112 AUTHORIZATION : COST LIMIT : \$ 130.0 ORDER DATE : July 9, 2021 ORDER TIME : 10:41 AM ORDER NO. : 898753-005 CUSTOMER NO: 7977112 DOMESTIC FILING NAME: SRL PROSPECT REALTY, LLC EFFECTIVE DATE: ____ ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX PLAIN STAMPED COPY

XX____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

1201 Hays Street

COVER LETTER

TO:	New Filing Se Division of Co			
SUBJI		pect Realty, LLC		
	 -	Name of Lir	nited Liability Company	
The en	closed Articles o	f Organization and fee(s) ar	e submitted for filing.	
Please	return all corresp	ondence concerning this ma	atter to the following:	
	Samuel F.	Colburn, Esq.		
			Name of Person	
	Woods, We	eidenmiller, Michetti & Rud	lnick, LLP	
			Firm/Company	
	9045 Strada	a Stell Court, Suite 400		
	 -		Address	
	Naples, FL	34109		
	scolbum@la	C wfirmnaples.com	ity/State and Zip Code	
	<u> </u>	E-mail address: (to be used	for future annual report notifica	ation)
For furth	er information co	oncerning this matter, please	call:	
	Samuel Coll	oum 23	325-4070	
	Nan		rea Code Daytime Telepho	one Number
Enclose	ed is a check for t	the following amount:		
□\$125	.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailir</u>	ng Address	Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:			
SRL Prospect Realty, (Must conta		ted Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the princip	al office of the Li	imited Liability Company is:	
Principa	l Office Address:		Mailing Add	ress:
Robert Linekin 16611 Firenze Way Naples, FL 34110			Robert Linekin 16611 Firenze Way Naples, FL 34110	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ad The name and the Florida street a	cannot serve as its c ctive Florida registr	own Registered A ation.) ered agent are:	l Agent's Signature: gent. You must designate an inc	dividual or
	W WWW Statutor	Name		
	9045 Strada Stell Florida street add		OT acceptable)	
	Naples	F <u>L</u>	34109	
	City	State	Zip	
Having been named as registered ay place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli	hereby accept the a visions of all statute	appointment as reg as relating to the p	gistered agent and agree to act i proper and complete performance	in this capacity. I se of my duties, and I
	Reg	gistered Agent's Ş	Signature (REQUIRED)	

SECONDER SE AMIO: 29

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Robert Linekin 16611 Firenze Way Naples, FL 34110
	
(Use attachment if necessary)	to the office table 2001
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does the date inserted in the Department's effective date on the Department. EVI: Other provisions, if any.	
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does the date inserted in the Department's effective date on the Department. EVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be timent of State's records.
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does the date inserted in the block does the date on the Department's effective date on the Departmen	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be truent of State's records.
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EV: Effective date, if other than the ective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Depart EVI: Other provisions, if any all lawful business REOUIRED SIGNATURE: Signature of This document is I am aware that an constitutes a third	s not meet the applicable statutory filing requirements, this date will not be tracent of State's records. Coccusioned by: Robert Lincelle f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.