

L21000395755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

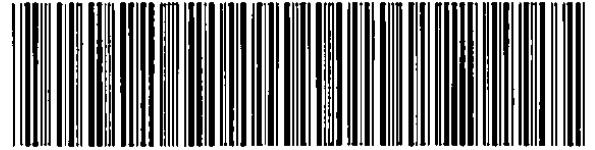
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SEP 07 2021 10:00:00

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2021 SEP -7 AM 11:32

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2021 SEP -7 PM 4:01

[Handwritten signature]

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NAPLES IRON WORKS, LLC

Signature _____

Requested by: BA

9/07/21

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
☒ L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
☒ Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

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2021 SEP -7 AM 11:22

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NAPLES IRON WORKS, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TIMOTHY P. SCHENDEL

Name of Person

NAPLES IRON WORKS, LLC

Firm/Company

4551 ARNOLD AVENUE

Address

NAPLES, FL 34104

City/State and Zip Code

TIMOTHYSCHENDEL@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIMOTHY P. SCHENDEL

318

542-2293

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

Mailing Address

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

Street Address

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 Company is:

NAPLES IRON WORKS, 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:

4451 ARNOLD AVENUE

NAPLES, FL 34014

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:

TIMOTHY P. SCHENDEL

Name

4551 ARNOLD AVENUE

Florida street address (P.O. Box **NOT** acceptable)

NAPLES

FL

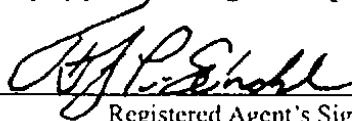
34104

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

TIMOTHY P. SCHENDEL
151 BLUE MOON AVE
LAKE PLACID, FL 32852

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Septmeber 2, 2021. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

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.

TIMOTHY P. SCHENDEL

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SEP-7 11:32

ASSIGNMENT OF AND CONSENT TO USE BUSINESS NAME

Naples Iron Works, LLC, a Florida limited liability company (Assignor), hereby assigns, sets over and transfers all of its right, title and interest in the business name "Naples Iron Works" and/or "Naples Iron Works, LLC" which is currently active, and was registered with the Florida Department of State, Division of Corporations, on January 3, 2020 Document Number L20000006661, to Timothy Schendel (Assignee).

☒ The current Naples Iron Works, LLC, a Florida limited liability company, shall submit to the Florida Department of State Division of Corporations an Amendment to the Articles of Organization specifying the current entity shall change its name to:

ELM Assess, LLC

☐ The current Naples Iron Works, LLC, a Florida limited liability company, shall file a Notice of Dissolution with the Florida Department of State Division of Corporations.

Assignor acknowledges and consents to Assignee's application with the Florida Department of State Division of Corporations for the use of such business name and the submission of Articles of Organization in the name of such business.

Date: August 31, 2021.

The undersigned acknowledges full and adequate consideration for this assignment.

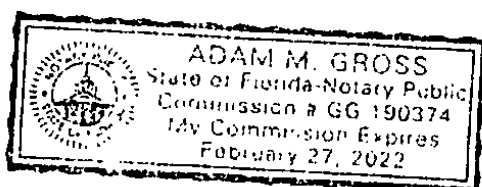
Naples Iron Works, LLC,
a Florida limited liability company

By: [Signature]
Scott McGowan, Manager

STATE OF FLORIDA
COUNTY OF COLLIER

The foregoing instrument was acknowledged before me, by means of ☒ physical presence, or ☐ online notarization, this 31st day of August, 2021, by Scott McGowan, as manager of Naples Iron Works, LLC, a Florida limited liability company, on behalf of said company, who ☐ is personally known, or ☒ has produced a driver's license as identification.

SEAL



[Signature]
Notary Public
Printed Name: Adam M. Gross
My Commission Expires: 2-27-2022

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