L21000 401769





600373069606

SECRETALLY OF STATE
TALLAHASSEE. FL

WAI SEL IN MILLION

The state of the second

2021 SEP 10 PH 4: 07

CORPORATE

When you need ACCESS to the world

ACCESS, ____ INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

CERTIFIED COPY PHOTOCOPY CUS FILING RBOUR POINT FOR ATE NAME AND DO PORATE NAME AND DO	LLC REFERRAL DOCUMENT #)	REALTY	LLC		
CUS FILING RBOUR POINT F PORATE NAME AND DO	REFERRAL DOCUMENT #)	REALTY	LLC		
FILING RBOUR POINT F PORATE NAME AND DO	REFERRAL DOCUMENT #)	REALTY	LLC		
RBOUR POINT I	REFERRAL DOCUMENT #)	REALTY	LLC		
PORATE NAME AND DO	OCUMENT #)	REALTY	LLC		
PORATE NAME AND DO	OCUMENT #)				
PORATE NAME AND DO	OCUMENT #)		 -		
PORATE NAME AND DO	OCUMENT #)				
ORATE NAME AND DO	OCUMENT #)				
ORATE NAME AND DO	OCUMENT #)				
	ORATE NAME AND DO	ORATE NAME AND DOCUMENT #) ORATE NAME AND DOCUMENT #) ORATE NAME AND DOCUMENT #)	ORATE NAME AND DOCUMENT #) ORATE NAME AND DOCUMENT #)	ORATE NAME AND DOCUMENT #) ORATE NAME AND DOCUMENT #)	ORATE NAME AND DOCUMENT #) ORATE NAME AND DOCUMENT #)

2021 SEP TO AMILIA U

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT:	ורו	Æ. I	i - i	Nя	me

Suite 110

Naples, FL 34103

The name of the Limited Liability Company is:

Harbour Point Referral Realty LLC	
(Must contain the words "Limited Liz	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
800 Harbour Drive	800 Harbour Drive

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:

Name

800 Harbour Drive, Suite 200

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

Naples FL 34103

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..

Midual lawler 9/10/2021

Registered Agent's Signature (REQUIRED)

Suite 110

Naples, FL 34103

(CONTINUED)

ARTICLE IV-

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

"MGR" = Manager MGR Michael G. Lawler 800 Harbour Drive, Suite 200 Naples, FL 34103 MGR Joann Finn 800 Harbour Drive, Suite 110 Naples, FL 34103 (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: 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 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 the document's effective date on the Department of State's records.	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
MGR Michael G. Lawler 800 Harbour Drive, Suite 200 Naples, FL 34103 MGR Joann Finn 800 Harbour Drive, Suite 110 Naples, FL 34103 (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: (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 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 the document's effective date on the Department of State's records. RTICLE VI: Other provisions, if any. This limited liability company is a manager-managed limited liability company. PRODURED SIGNATURES. 9/10/2021 Michael G. Lawler, Member/Manager		
MGR Joann Finn 800 Harbour Drive, Suite 200 Naples, FL 34103 Joann Finn 800 Harbour Drive, Suite 110 Naples, FL 34103 (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: 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 the document's effective date on the Department of State's records. RTICLE VI: Other provisions, if any. This limited liability company is a manager-managed limited liability company. PREOFIRED SIGNATURE: ON Separature 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. Michael G. Lawler, Member/Manager		Michael G. Lawter
Naples, FL 34103 Joann Finn 800 Harbour Drive, Suite 110 Naples, FL 34103 (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: (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 the document's effective date on the Department of State's records. RTICLE VI: Other provisions, if any. This limited liability company is a manager-managed limited liability company. PREQUIRED SIGNATURE: Nickel Lawler 9/10/2021 Providential 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. Michael G. Lawler, Member/Manager	MOR	
(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing:		14apics, 1 E 54105
(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing:	MGR	Joann Finn
(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing:		
RTICLE V: Effective date, if other than the date of filing:		
RTICLE V: Effective date, if other than the date of filing:		
RTICLE V: Effective date, if other than the date of filing:		
RTICLE V: Effective date, if other than the date of filing:		
RTICLE V: Effective date, if other than the date of filing:		
RTICLE V: Effective date, if other than the date of filing:		
RTICLE V: Effective date, if other than the date of filing:		
RTICLE V: Effective date, if other than the date of filing:		
RTICLE V: Effective date, if other than the date of filing:		
RTICLE V: Effective date, if other than the date of filing:		
RTICLE V: Effective date, if other than the date of filing:	(Use attachment if necessary)	
REOUIRED SIGNATURE by: 9/10/2021 Michael Lawler Outsignature 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. Michael G. Lawler, Member/Manager	If an effective date is listed, the date must be spe ne date of filing.) Note: If the date inserted in this block does not m	ecific and cannot be more than five business days prior to or 90 days afte neet the applicable statutory filing requirements, this date will not be listed
Michael G. Lawler, Member/Manager 9/10/2021 1	RTICLE VI: Other provisions, if any. his limited liability company is a manager-mana	ged limited liability company.
Michael G. Lawler, Member/Manager 9/10/2021 1		
Michael G. Lawler, Member/Manager Michael G. Lawler, Member/Manager Michael G. Lawler, Member/Manager	REQUIRED SIGNATURE;	
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. Michael G. Lawler, Member/Manager	Neideal Landers	9/10/2021
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. Michael G. Lawler, Member/Manager		
	This document is execute I am aware that any false	ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State
	Michael G. Lawl	er Member/Manager
	michael G. Lawl	

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of States (Optional)

\$ 5.00 Certificate of Status (Optional)