

L21000401769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

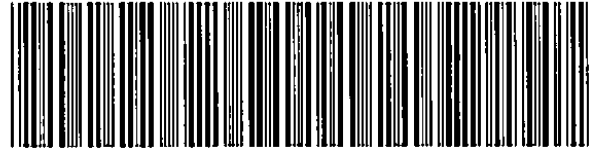
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2021 SEP 10 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FL

01/10/21 01:00:00 107 1012

2021 SEP 10 PM 4:07  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**CORPORATE  
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**WALK IN**

**PICK UP:** 9/10 DANNY

**CERTIFIED COPY**

**XX PHOTOCOPY**

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**XX FILING**

LLC

**1. HARBOUR POINT REFERRAL REALTY LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**  
(CORPORATE NAME AND DOCUMENT #)

**3.**  
(CORPORATE NAME AND DOCUMENT #)

**4.**  
(CORPORATE NAME AND DOCUMENT #)

**5.**  
(CORPORATE NAME AND DOCUMENT #)

**6.**  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Harbour Point Referral Realty 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:

800 Harbour Drive

Suite 110

Naples, FL 34103

Mailing Address:

800 Harbour Drive

Suite 110

Naples, FL 34103

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:

Michael G. Lawler

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.

DocuSigned by:

Michael Lawler

9/10/2021

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 SEP 10 AM 11:04

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

**\$ 5.00 Certificate of Status (Optional)**