## L21000 409302

| (Req                      | juestor's Name)  |             |
|---------------------------|------------------|-------------|
| (Add                      | lress)           | <u> </u>    |
|                           |                  |             |
| (Add                      | lress)           |             |
| (City.                    | /State/Zip/Phon  | e #)        |
| PICK-UP                   | ☐ WAIT           | MAIL        |
| (Bus                      | iness Entity Nai | me)         |
| (Doc                      | cument Number)   | )           |
| Certified Copies          | Certificate      | s of Status |
| Special Instructions to F | iling Officer:   |             |
|                           |                  |             |
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Office Use Only



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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 010461 7977112 AUTHORIZATION : COST LIMIT : \$ (1/30,00 ORDER DATE : September 15, 2021 ORDER TIME : 6:18 PM ORDER NO. : 010461-005 CUSTOMER NO: 7977112 DOMESTIC FILING NAME: THOUSE 2 REALTY, LLC EFFECTIVE DATE: \_\_ ARTICLES OF INCORPORATION \_\_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

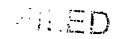
CERTIFIED COPY
PLAIN STAMPED COPY

XX \_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

## **COVER LETTER**

| TO:             | New Filing Se<br>Division of Co |  |                    |  |   |
|-----------------|---------------------------------|--|--------------------|--|---|
| SUBJE           | THouse 2                        | Realty, LLC                            |                    |  |   |
| 33-32           |                                 | Nam                                    | e of Limited Liab  | ility Company  | <del></del>   |
| The enc         | losed Articles of               | f Organization and f                   | ee(s) are submitte | ed for filing.   |   |
| Please r        | eturn all corresp               | ondence concerning                     | this matter to the | following:   |   |
|                 | Samuel F. C                     | Colbum, Esq.                           |                    |  |   |
|                 |                                 | •                                      | Name o             | of Person  |   |
|                 | Woods, We                       | idenmiller, Michett                    | i & Rudnick, LLF   | ,  |   |
|                 |                                 | <u>_</u>                               | Firm/C             | ompany   | <del>.</del>  |
|                 | 9045 Strada                     | Stell Court, Suite 4                   | 00                 |  |   |
|                 |                                 |  | Ado                | lress  |   |
|                 | Naples, FL                      | 34109                                  |                    |  |   |
|                 | scolbum@la                      | wfirmnaples.com                        | City/State a       | nd Zip Code  |   |
|                 |                                 |  | be used for future | annual report notificat                                  | ion)  |
| For furthe      | r information co                | oncerning this matter                  | r, please call:    | ·  |   |
|                 | Samuel Colb                     | um                                     | 239<br>at (        | 325-4070   |   |
|                 | Naп                             | ne of Person                           |                    | Daytime Telephon   | e Number  |
| Enclosed        | i is a check for t              | he following amoun                     | t:                 |  |   |
| <b>□\$</b> 125. | 00 Filing Fee                   | ≡\$130.00 Filing<br>Certificate of Sta | itus Certi:        | 55.00 Filing Fee &<br>fied Copy<br>nal copy is enclosed) | ☐\$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                 |                                 | g Address                              |                    | Street Address   |   |
|                 |                                 | iling Section<br>on of Corporations    |                    | New Filing Section D The Centre of Tallah                |   |
|                 |                                 | ox 6327                                |                    | 2415 N. Monroe Stre                                      |   |
|                 | Tallah                          | assee, FL 32314                        |                    | Tallahassee, FL 3230                                     | 3   |



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 SEP 16 PM 12: 45

ARTICLE I - Name:
The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

| oility Company is:   |  | TALLA   |
|--|--|---|
| LLC  |  |   |
| ontain the words "Limited  | Liability Company,   | "L.L.C.," or "LLC.")  |
| et address of the principal of   | office of the Limited  | Liability Company is:   |
| cipal Office Address:  |  | Mailing Address:  |
|  | Rob  | ert Linekin   |
| ıy   | 166  | 11 Firenze Way  |
|  | Nap  | les, FL 34110   |
| _  | _  |   |
| W Will Suitatory 7   | Name   |   |
|  |  |   |
| Florida street addres  | ss (P.O. Box <u>NOT</u> a  | cceptable)  |
| Naples   | FL   | 34109   |
| City   | State  | Zip   |
| ite, I hereby accept the app<br>provisions of all statutes r<br>obligations of my position | oinpuent as register<br>elating to the proper<br>as registered agent   | ed agent and agree to act in this capacity. and complete performance of my duties, as provided for in Chapter 605, F.S.   |
|  | cipal Office Address:  Agent, Registered Office, any cannot serve as its own active Florida registration active Florida registered WMR Statutory A  9045 Strada Stell Conformation of Strate address of the registered was a street address of the registered with a street address of the registered was a street address of the register | cit address of the principal office of the Limited cipal Office Address:  Robert Agent, Registered Office, & Registered Agent and cannot serve as its own Registered Agent and active Florida registration.)  Ret address of the registered agent are:  WWMR Statutory Agent LLC  Name  9045 Strada Stell Court, 4th Floor  Florida street address (P.O. Box NOT and Naples)  Naples FL |

ARTICLE IV-

| Title:  | Name and Address:   |
|---|---|
| "AMBR" = Authorized Member "MGR" = Manager  |   |
| <del>-</del>  |   |
| MGR   | Robert Linekin<br>16611 Firenze Way   |
|   | Naples, FL 34110  |
|   |   |
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|   | <del></del>   |
|   | <del>-</del>  |
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| EV: Effective date, if other than the d   | late of filing: September 15, 2021 (OPTIONAL)   |
| ective date is listed, the date must be<br>of filing.)  | e specific and cannot be more than five business days prior to or 90 day<br>of meet the applicable statutory filing requirements, this date will not be<br>ent of State's records.                            |
| E V: Effective date, if other than the dective date is listed, the date must be of filing.)  The date inserted in this block does not ment's effective date on the Department.  E VI: Other provisions, if any.   | e specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be ent of State's records.  Docusioned by:  Robert Linckin |
| E V: Effective date, if other than the dective date is listed, the date must be of filing.)  The date inserted in this block does ment's effective date on the Department E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a This document is excelled.     | e specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be ent of State's records.                                  |
| E V: Effective date, if other than the dective date is listed, the date must be of filing.)  The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a This document is excelled. | ot meet the applicable statutory filing requirements, this date will not be ent of State's records. Docusigned by:  |

2021 SEP 16 PM 12: 45

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)