

L21000419245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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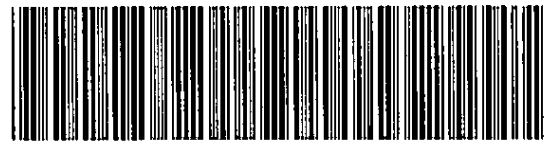
(Business Entity Name)

(Document Number)

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

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*P. 9/24/21*

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2021 SEP 21 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FL

✓

**ARTICLES OF ORGANIZATION  
OF  
KOHLER FLORIDA PARTNERS II, LLC**

The undersigned organizer, being a natural person 18 years of age or older, in order to form a limited liability company under Florida Statutes, s. 605.0201, hereby adopts the following Articles of Organization:

**ARTICLE I  
NAME**

The name of the Company is: KOHLER FLORIDA PARTNERS II, LLC.

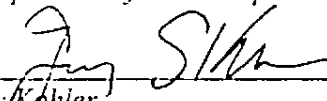
**ARTICLE II  
PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS**

The principal place of business and mailing address of the Company is c/o Gary Kohler, 265 Indies Way, Unit #1102, Naples, Florida 34110.

**ARTICLE III  
REGISTERED AGENT NAME AND ADDRESS**

The Registered Agent of the Company pursuant to s. 605.0113(3), F.S. is Gary Kohler. The Registered Agent's address is 265 Indies Way, Unit #1102, Naples, Florida 34110.

*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.*

  
\_\_\_\_\_  
Gary Kohler  
Registered Agent's Signature (REQUIRED)


2021 SEP 21 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE IV  
AUTHORIZED REPRESENTATIVE**

The name and address of the Authorized Representative of the Company pursuant to s. 605.0102(8), F.S. is Gary Kohler, with offices at 265 Indies Way, Unit 1102, Naples, Florida 34110.

IN WITNESS WHEREOF, I have hereunto set my hand this 18<sup>th</sup> day of August, 2021.

  
\_\_\_\_\_  
Gary Kohler, as Authorized Representative

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OF  
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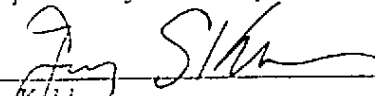
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\_\_\_\_\_  
Gary Kohler  
Registered Agent's Signature (REQUIRED)

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\_\_\_\_\_  
Gary Kohler, as Authorized Representative

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SECRETARY OF STATE  
TALLAHASSEE, FL