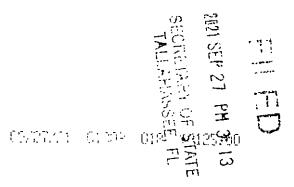
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| (Requestor's Name) |
|---|
| . (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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INC.

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WALK IN

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

2021 SEP 27 PM 3: 13

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

| Ola Perfecta 33, LL | C | | | |
|---|---|---|--|--------|
| | ntain the words "Limited | Liability Company, " | L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street: | address of the principal o | office of the Limited I | iability Company is: | |
| <u>Princi</u> | pal Office Address: | | Mailing Address: | |
| 2390 Tamiami Trail | | 2390 | 2390 Tamiami Trail North, Suite #204 | |
| Naples, Florida 341 | 103 | Naple | s, Florida 34103 | |
| another business entity with an The name and the Florida street | _ | | | |
| | 2390 Tamiami Trail | North, Suite #204 | | |
| | Florida street address (P.O. Box NOT acceptable) | | eptable) | |
| | Naples. | Florida | 34103 | |
| | City | State | Zip | |
| lace designated in this certificate arther agree to comply with the pm familiar with and accept the o | e. I hereby accept the app rovisions of all statutes r | pointment as registered relating to the proper a as registered agent as | bove stated limited liability compan agent and agree to act in this capac nd complete performance of my duti provided for in Chapter 605, F.S | city T |

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ARTICLE IV-

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

| Title: | Name and Address: |
|---|--|
| "AMBR" = Authorized Member "MGR" = Manager | |
| MGR | Charles M. Kelly, Jr. |
| | 2390 Tamiami Trail North, Suite #204 |
| | Naples, Florida 34103 |
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| (Use attachment if necessary) | |
| the date of filing.) | e specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records. |
| REQUIRED SIGNATURE: | Mass |
| / (S | AN IM |
| Signature of a | member or an authorized representative of a member. |
| This document is exc I am aware that any f | ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. |
| Charles M. Ko | elly Ir |
| Charles IVI. ICI | elly, Jr. Typed or printed name of signee |
| | 201 and a farming of influence |
| | 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)