Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H21000406190 3)))



H210004061903ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : N3 LAW PLLC Account Number : I20200000122 Phone : (239)920-5228 Fax Number : (239)920-5289

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: nabil@nilawflorida.com

FLORIDA LIMITED LIABILITY CO.

Mondock Law PLLC

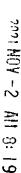
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

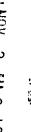
Help

(((H21000406190 3)))



VÉ)





9

(((H21000406190 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	e.	:
-----------------	----	---

The name of the	Limited	Liability	Company	y is:
-----------------	---------	-----------	---------	-------

(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the principal office of	of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
4524 Escobar Avenue	4524 Escobar Avenue	
Naples, FL 34103	Naples, FL 34103	_ _
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)		2021 NOV
The name and the Florida street address of the registered agen	t are:	-2
NJ Law PLLC		ĀΗ
Nan	ne :	င်း <u>T</u>
3411 Tamiami Trail N., Su	ite 100	_

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..

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

State

Naples

City

Nati 20540h (NG97, 2021 12.50 EDT) Registered Agent's Signature (REQUIRED)

(CONTINUED)

Fax: 12399205228

ARTICLE IV-

To:

Page: 3 of 3

(((H21000406190 3)))

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Amber R. Mondock, Esg. 1524 Escobar Avenue Naples. FL 34103

	VON 1606
	¥
	AH
(Use attachment if necessary)	
	ing: (OPTIONAL) —
effective date is listed, the date must be speci ate of filing.)	and cannot be more than five business days prior to or 90 days a
	he applicable statutory filing requirements, this date will not be lis
ocument's effective date on the Department of	ate's records.
ICLE VI: Other provisions, if any.	
<u>company provides professional fegal services</u>	

fondock, Esq. (Nov 2, 2021 12,40 EDT) Signature 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.

Amber R. Mondock, Esa. Typed or printed name of signee

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)