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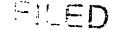
CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE: 194566 4313323
AUTHORIZATION : Social Blanch
COST LIMIT: \$ 125.00
ORDER DATE: November 3, 2021
ORDER TIME : 1:27 PM
ORDER NO. : 194566-005
CUSTOMER NO: 4313323
DOMESTIC_FILING
NAME: SNKG OF WESTON, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS:

COVER LETTER

	v Filing Section ision of Corporations
SUBJECT	SNKG OF WESTON LLC
SUBJECT	Name of Limited Liability Company
The enclos	d Articles of Organization and fee(s) are submitted for filing.
Please reti	all correspondence concerning this matter to the following:
	Charles M. LeSchack
	Name of Person
	. CUMMINGS & LOCKWOOD LLC
	Firm/Company
	Six Landmark Square, 9th Floor
	Address
	Stamford, CT 06901
	City/State and Zip Code
	cleschack@cl-law.com
	E-mail address: (to be used for future annual report notification)
For further i	ormation concerning this matter, please call:
	Charles M. LeSchack 203 351-4418
	Name of Person Area Code Daytime Telephone Number
Enclosed is	check for the following amount:
□\$125.00	iling Fee
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303



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ARTICLES OF ORGANIZATION SECRET FOR GESTATE SNKG OF WESTON, LLC

ARTICLE I

<u>Name</u>

The name of this limited liability company is SNKG of Weston, LLC (the "Company").

ARTICLE II Address

The mailing address and street address of the principal office of the Company is:

c/o Bonie S. Montalvo, Esq. 8000 Health Care Center Boulevard Suite 300 Bonita Springs, FL 34135

ARTICLE III

Purpose

The purpose for which the Company is organized is for any and all lawful business as a limited liability company.

ARTICLE IV Duration

The period of duration for the Company is perpetual.

ARTICLE V Registered Office and Agent

The name and the Florida street address of the registered agent are:

Corporation Service Company 1201 Hays Street Tallahassee, FL 32301

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.

By: alexais Walter assistant va warden!

Management The Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the initial manager of the Company are:

Bonie S. Montalvo, Esq. 8000 Health Care Center Boulevard Suite 300 Bonita Springs, FL 34135

ARTICLE VI

ARTICLE VII

Limitation on Agency Authority of Members

Pursuant to section 605.04074, Florida Statutes, no member of the Company shall be an agent of the Company for the purpose of its business solely by virtue of being a member, and no member may bind the Company by taking any action solely by virtue of being a member.

ARTICLE VIII

Written Operating Agreement

Any Operating Agreement entered into by the members of the Company, and any amendments or restatements thereof, shall be in writing. No oral agreement among any of the members or managers of the Company shall be deemed or construed to constitute any portion of, or otherwise affect the interpretation of, any written operating agreement of the Company, as amended and in existence from time to time.

Dated November <u>3</u>, 2021.

Bonie S. Montalvo, Esq. Authorized Representative

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

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