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.

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500

Fax Number : (800)432-3622

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

## FLORIDA LIMITED LIABILITY CO. NEPTUNE VOLTAIRE LLC

\*\*\*PLEASE FILE SECOND, AFTER THE FORMATION OF A5 INVESTMENTS LLC

<del>}</del>	
Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

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21 ANT: 53021 DEC 21 PM 6:

Tallahassee, FL 32314

## **COVER LETTER**

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TO:	New Filing Sec Division of Cor					
SUBJEC	CT: Nep	tune Voltaire LLC				
		Name of Lim	ited Liabili	ty Company		
The enci	losed Articles of	Organization and fee(s) are	submitted	for filing.		
Please re	eturn all correspo	ondence concerning this ma	tter to the f	ollowing:		
			Name of	Person		<del>-</del>
			Firm/Co	траду	•	_
						<del></del>
			Addr	≋s		
			tv/State an	1 Zip Code		<del>-</del> -
	jlarango@	wsh-law.com	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Lip Com		
		E-mail address: (to be used	for future a	nnual report notificat	ion)	<del>_</del>
For further	r information co	ncerning this matter, please	call:			
		at (		)		
	Nam	ne of Person Ar	ca Code	Daytime Telephon	ne Number	
Enclosed	d is a check for t	he following amount:				
<b>□\$125</b> .	00 Filing Fee	□\$130,00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	S160.00 Filing Fe Certificate of Status Certified Copy (additional copy is one	de losed) 2021
		ng Address		Street Address	-  -	
		iling Section on of Corporations		New Filing Section D The Centre of Tallah		2
		lox 6327		2415 N. Monroe Stre		

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Neptune Voltaire LLC	
(Must contain the words "Limited Liabili	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:
900 San Lino Circle	Same
Unit 921	
Venice, FL 34292	
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	

2525 Ponce de Leon Blvd

WEISS SEROTA HELFMAN COLE & BIERMAN, P.L.

Name

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

Coral Gables, FL 33134

City State Zip

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..

/s/ Jose L. Arango, Esq.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 DEC 21 PH 6: 17

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

"AMBK" = Aut "MGR" = Mana		Name and Address:
'MGR" = Mana	horized Member	
	.gcr	
MGR		J4 Properties LLC
		25370 Letchworth Road
		Beachwood, OH, 44122
MGR		477
MON	<del></del>	A5 Investments LLC
		7217 Estates Drive
		North Port FL 34291
		<del></del>
		<del></del>
		_ <del>_</del>
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	d in this black does n	ot meet the applicable statutory filing requirements, this date will not
nent's effective	date on the Departme	ent of State's records.
nent's effective EVI: Other pro	date on the Departme	ent of State's records.
nent's effective	date on the Departme visions, if any.  IGNATURE:	lose Alva
nent's effective	date on the Departme visions, if any.  IGNATURE: /s/ J	Jose Alva
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