## L22000050144

(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:				

Office Use Only



400379975884

ALLAHASSEE, FLOR

RECEIVED

FILED STATE
SECRETARY OF STATE
PROPERTY OF CARRIED STATE
PROPERTY OF C

" 1/10/1×

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 467608 AUTHORIZATION : \$ 160.00 COST LIMIT : ORDER DATE: February 9, 2022 ORDER TIME : 2:48 PM ORDER NO. : 467608-005 CUSTOMER NO: 4328337 DOMESTIC FILING NAME: LOLA'S BEACH HOUSE, LLC EFFECTIVE DATE: \_ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX CERTIFIED COPY

\_\_\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

## **COVER LETTER**

TO:	New Filing Section Division of Corporations			
SUBJE	LOLA'S BEACH HOUSE,	LLC		
SUBJE		ame of Limited Liab	ility Company	
The enc	losed Articles of Organization and	1 fee(s) are submitte	d for filing.	
Please re	eturn all correspondence concerni	ng this matter to the	following:	
	Felix Mehler, Esq.			
		Name o	f Person	
	DENTONS COHEN & GRIC	SSBY P.C., INC.		
		Firm/C	отралу	-
	MERCATO - SUITE 620091	10 STRADA PLAC	:E	
		Add	lress	······································
	NAPLES, FL 34108			
		City/State a	nd Zip Code	
	felix.mehler@dentons.com			
	E-mail address: (t	o be used for future	annual report notificati	on)
For further	r information concerning this mat	ter, please call:		
	Felix Mehler	239 at (	390-1900 )	
	Name of Person	· · · · · · · · · · · · · · · · · · ·	Daytime Telephon	
Enclosed	l is a check for the following amo	unt:		
<b>□\$125</b> .0	00 Filing Fee S130.00 Fili Certificate of S	Status Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	
	New Filing Section	_	New Filing Section Di	
	Division of Corporation	S	The Centre of Tallaha 2415 N. Monroe Street	

Tallahassee, FL 32314

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2022 FEB -9 AM 8: 15 /

LOLA'S BEACH HOUSE, LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
MERCATO - SUITE 6200	MERCATO - SUITE 6200
9110 STRADA PLACE	9110 STRADA PLACE
NAPLES, FL 34108	NAPLES, FL 34108
I DOWN OF THE PARTY OF THE PART	
(The Limited Liability Company cannot serve as its own Regianother business entity with an active Florida registration.)	stered Agent. You must designate an individual or
The Limited Liability Company cannot serve as its own Regionother business entity with an active Florida registration.)	stered Agent. You must designate an individual or nt are:
The Limited Liability Company cannot serve as its own Region another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent	stered Agent. You must designate an individual or nt are:  RIGSBY P.C., INC.
Nar	stered Agent. You must designate an individual or nt are:

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..

State

**NAPLES** 

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

34108

Zip

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
MGR	VERA STRICEVIC MERCATO - SUITE 6200 , 9110 STRADA PLACE NAPLES, FL 34108	
	2022 FEB	SECRE
	B-9	2000
		Service and a line
		2
(Use attachment if necessary)		
(If an effective date is listed, the date must be spe the date of filing.)	of filing: February 10, 2022 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed of State's records.	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	lo lallo	
This document is execut I am aware that any false	mber of an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	
Felix Mehler, Aut	thorized Representative	
	Typed or printed name of signee	

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

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)

ARTICLE IV-