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PICK-UP	WAIT	MAIL
(8	usiness Entity Name)	
(D	ocument Number)	
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Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	
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Office Use Only



Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 469180_ 4328337 Commission ... AUTHORIZATION : COST LIMIT : \$ 160.00 ORDER DATE: February 10, 2022 ORDER TIME : 2:15 PM ORDER NO. : 469180-005 CUSTOMER NO: 4328337 _____ DOMESTIC FILING NAME: B&B REAL ESTATE NAPLES GP, LLC EFFECTIVE DATE: __ ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY ____ PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

1201 Hays Street

COVER LETTER

TO: New Filing Section Division of Corpors	tions		
B&B Real Estat	e Naples GP, LLC		
SUBJECT.	Name of Limite	d Liability Company	
The enclosed Articles of Orga	nization and fee(s) are su	bmitted for filing.	
Please return all corresponden	ce concerning this matter	to the following:	
Felix Mehler			
	1	Name of Person	
DENTONS COH	EN & GRIGSBY P.C., I	NC.	
	J	Firm/Company	
MERCATO - SUI	TE 6200, 9110 STRADA	A PLACE	
		Address	
NAPLES, FL 341)8		
felix.mehler@dento		State and Zip Code	
		future annual report notificat	ion)
For further information concerni	ng this matter, please cal	1;	
Felix Mehler	239 at (390-1900	
Name of P		Code Daytime Telephor	ne Number
Enclosed is a check for the foll	owing amount:		
	130.00 Filing Fee & tificate of Status (a	□\$155.00 Filing Fee & Certified Copy dditional copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add		Street Address	
New Filing S Division of C		New Filing Section D The Centre of Tallah	
P.O. Box 632		2415 N. Monroe Stre	
Tallahassee,	FL 32314	Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

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The name of the Limited Liability Company is:

2022 FEB 10 AM 11: 20

SECRED ALLAHASSEE, FL

Mailing Address:

B&B Real Estate Naples GP, LLC

(Must contain the words "Limited Liability 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:

MERCATO - SUITE 6200	MERCATO - SUITE 6200
9110 STRADA PLACE	9110 STRADA PLACE
NAPLES, FL 34108	NAPLES, FL 34108

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Principal Office Address:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

<u>& GRIGSBY P.C.,</u>	INC.
Name	
6200, 9110 STRA	DA PLACE
(P.O. Box <u>NOT</u> ac	cceptable)
FL	34108
Ctata	Zip
	Name 6200, 9110 STRA (P.O. Box NOT ac

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>AMBR</u>	SABRINA BINZ MERCATO - SUITE 6200 . 9110 STRADA PLACE
	NAPLES, FL 34108
AMBR	HARALD BECKER MERCATO - SUITE 6200 . 9110 STRADA PLACE NAPLES. FL 34108
	ASS A
	- 20 - 20
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	ate of filing: February 10, 2022 . (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after at meet the applicable statutory filing requirements, this date will not be listed as not of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	To bloke
This document is exec I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
Felix Mehler. A	Authorized Representative 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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)