# L22000148232

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2022 APR -7 PM 4: 56

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	I20000000195
		•	

REFERENCE: 601540 4304417

7X 1

AUTHORIZATION :

COST LIMIT : \$ 160/00

ORDER DATE : April 6, 2022

ORDER TIME : 8:44 AM

ORDER NO. : 601540-005

CUSTOMER NO: 4304417

\_\_\_\_\_\_

# DOMESTIC FILING

NAME: RANDY FIFIELD MODERN LIVING

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

XX \_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS:

## COVER LETTER

TO:	New Filing Se Division of Co				
SUBJEC	Randy Fifi	ield Modern Living	LLC		
CODOL		Nan	e of Limited Li	ability Company	
The encl	losed Articles of	f Organization and	fee(s) are submi	tted for filing.	
Please re	turn all corresp	ondence concerning	g this matter to t	he following:	
	Jami A. Mc	Kenna			
			Nam	e of Person	
	Much Shelis	st, P.C.			
		<u>.</u>	Firm	/Company	-
	191 N. Wac	ker Dr., Suite 1800			
		•	A	ddress	
	Chicago, IL	60606			
	jmckenna@n	anahlam asm	City/State	e and Zip Code	
	<u> </u>		be used for futu	ere annual report notifica	tion)
For furthe	r information co	oncerning this matte	r, please call:		
	Jami McKen	na	312 _at (	521-2447	
	Nan	ne of Person	Area Cod		ne Number
Enclosed	l is a check for t	the following amous	nt.		
	00 Filing Fee	□\$130.00 Filing Certificate of St	g Fee & 🔲:	\$155.00 Filing Fee & rtified Copy ional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisi P.O. B	ng Address Filing Section on of Corporations Box 6327		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre	assee cet, Suite 810
	Tallah	iassee, FL 32314		Tallahassee. FL 3230	03

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Randy F	Fifield Modern Living L	.LC		
(Must conat	in the words "Limited	Liability Company,	'L.L.C" or "LLC.")	<del></del> -
ARTICLE II - Address:				
he mailing address and street ad-	dress of the principal	office of the Limited	Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Address:	
1980 Gordon Drive		SAM	E	
Naples, Florida 34102	<u> </u>			
ARTICLE III - Registered Ager The Limited Liability Company of				
	cannot serve as its own ctive Florida registrati ddress of the registere	n Registered Agent. Y on.) ed agent are:	t's Signature: 'ou must designate an individual or	
The Limited Liability Company on nother business entity with an ac	cannot serve as its own ctive Florida registrati	n Registered Agent. Y on.) ed agent are: e Company		2022 APR
The Limited Liability Company on nother business entity with an ac	cannot serve as its own ctive Florida registrati ddress of the registere	n Registered Agent. Y on.) ed agent are:		
The Limited Liability Company on nother business entity with an ac	cannot serve as its own ctive Florida registrati ddress of the registere  Corporation Service  1201 Hays Street	n Registered Agent. Y on.) ed agent are: e Company Name	ou must designate an individual or	2022 APR - 7
The Limited Liability Company on nother business entity with an ac	cannot serve as its own ctive Florida registrati ddress of the registere  Corporation Service  1201 Hays Street	n Registered Agent. Y on.) ed agent are: e Company	ou must designate an individual or	2022 APR - 7
The Limited Liability Company on nother business entity with an ac	cannot serve as its own ctive Florida registrati ddress of the registere  Corporation Service  1201 Hays Street	n Registered Agent. Y on.) ed agent are: e Company Name	ou must designate an individual or	

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..

Corporation Service Company

(CONTINUED)

Legistered Agent's Signature (REQUIRED)

	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MBR	Randy A Fifield, as Trustee of the Randy A. Fifield Living Trust dated June 2, 2008, as Amended.	1980 Gordon Drive, Naples, Florida 34102
(If an	effective date is listed, the date must be specifi	iling: (OPTIONAL) ic and cannot be more than five business days prior to or 90
(If an other days) Note: the do	CLE V: Effective date, if other than the date of feffective date is listed, the date must be specifite of filing.)  If the date inserted in this block does not meet cument's effective date on the Department of S	ic and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not
(If an other day Note: the do	CLE V: Effective date, if other than the date of feffective date is listed, the date must be specifite of filing.)  If the date inserted in this block does not meet cument's effective date on the Department of SCLE VI: Other provisions, if any.	ic and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not
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(If an other date)  Note: the do	CLE V: Effective date, if other than the date of feffective date is listed, the date must be specifite of filing.)  If the date inserted in this block does not meet current's effective date on the Department of SCLE VI: Other provisions, if any.  REOUIRED STATURE:  Signature of a membrane document is executed in a management is executed in a management in a management in the degree felous date.	the applicable statutory filing requirements, this date will not state's records.  er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.

ARTICLE IV-