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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 656449 AUTHORIZATION Francis COST LIMIT : U\$ 125.00 ORDER DATE: May 3, 2022 ORDER TIME : 8:13 AM ORDER NO. : 656449-005 CUSTOMER NO: 7977112 DOMESTIC FILING NAME: TAG NAPLES HOLDINGS, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

1201 Hays Street

## **COVER LETTER**

	Division of Co				
CHD IF	TAG NAP	LES HOLDINGS, L	LC		
SUBJEC	. 1:	Name	of Limited Li	ability Company	
The encl	osed Articles of	Organization and fe	e(s) are submi	tted for filing.	
Please re	turn all correspo	ondence concerning t	his matter to t	he following:	
	Samuel F. C	olburn, Esq.			
	<del></del>		Name	e of Person	
	Woods, Wei	denmiller, Michetti	& Rudnick, L	LP	
			Firm	/Company	
	9045 Strada	Stell Court. Suite 40	0		
			A	ddress	
	Naples, FL	34109			
	scolburn@lav	vfirmnaples.com	City/State	and Zip Code	
		E-mail address: (to be	used for futu	re annual report notifica	ation)
For further	information co	ncerning this matter,	please call:		
	Samuel Colb	นทา	239 at (	325-4070	
	Nam	e of Person	•	e Daytime Telepho	
Enclosed	is a check for t	he following amount			
<b>■\$</b> 125.0	00 Filing Fee	□\$130.00 Filing   Certificate of Stat	us Cer	\$155.00 Filing Fee & tified Copy ional copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address iling Section		Street Address New Filing Section I	Division
	Division P.O. B	on of Corporations ox 6327 assee, FL 32314		The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 323	hassee reet, Suite 810

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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 RT				me:
		-	1 4	HIIC.

The name of the Limited Liability Company is:

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TAG	NAPI	LES	HOL	DINGS.	LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

TALLAHASSEE, FL

### ARTICLE II - Address:

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

#### Principal Office Address:

## Mailing Address:

c/o Woods, Weidenmiller, Michetti & Rudnick LI
9045 Strada Stell Court, 4th Floor
Naples, FL 34109

c/o Woods, Weidenmiller, Michetti & Rudni 9045 Strada Stell Court, 4th Floor Naples, FL 34109

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

(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:

WWMR Statutory A	Agent LLC	
	Name	
9045 Strada Stell Co	ourt, 4th Floor	
Florida street addres	ss (P.O. Box <u><b>NOT</b></u> a	cceptable)
Naples	FL	34109
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

# ARTICLE IV-The name and addre

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Todd Gates
	275 Indies Way, Unit 1703
	Naples FL 34110
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	<del></del>
reffective date is listed, the date must be sate of filing.)	te of filing:
REQUIRED SIGNATURE:	DocuSigned by:
	DY 6 FK
Signature of a r	member or an authorized representative of a member.
Signature of a r This document is exec	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a r This document is exec I am aware that any fal	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
Signature of a r This document is exec I am aware that any fal	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a r This document is exec I am aware that any fal	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

## 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)