5/10/22, 1:59 PM

Division of Corporations **Electronic Filing Cover Sheet**

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.

(((H22000167842 3)))



H220001678423ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:

FLORIDA LIMITED LIABILITY CO. 531 SOUTH COLLIER, LLC

| Certificate of Status | 1 |
|-----------------------|--------------|
| Certified Copy | 0 |
| Page Count | ≇ +03 |
| Estimated Charge | \$130.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: | |
|--|--|---|
| MGR | TIM CONATSER 1559 S. BARFIELD COURT | |
| | MARCO ISLAND, FL 34145 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| V: Effective date, if other than the ctive date is listed, the date must b | date of filing: (OPTIONAl | L) to or 90 de |
| ctive date is listed, the date must b f filing.) the date inserted in this block does need to be a the nent's effective date on the Departn | e specific and cannot be more than five business days prior to not most the applicable statutory filing requirements, this date | to or 90 di |
| V: Effective date, if other than the ctive date is listed, the date must b filling.) he date inserted in this block does to | e specific and cannot be more than five business days prior to not most the applicable statutory filing requirements, this date | to or 90 di |
| V: Effective date, if other than the ctive date is listed, the date must b filling.) he date inserted in this block does neut's effective date on the Departm. VI: Other provisions, if any. | e specific and cannot be more than five business days prior of most the applicable statutory filing requirements, this date sent of State's records. | to or 90 di |
| EV: Effective date, if other than the ctive date is listed, the date must be filling.) he date inserted in this block does neat's effective date on the Department's effective date on the Department's CVI: Other provisions, if any. Signature of a This document is by | e specific and cannot be more than five business days prior to the most the applicable statutory filing requirements, this date tent of State's records. In a substitution of a member of an authorized representative of a member. Counted in accordance with settion 605 (1203 (1) (h). Florida State of the settion of the setting of the s | will not be |
| EV: Effective date, if other than the ctive date is listed, the date must be filling.) he date inserted in this block does neat's effective date on the Department's effective date on the Depa | e specific and cannot be more than five business days prior to the applicable statutory filing requirements, this date neut of State's records. | will not be |
| V: Effective date, if other than the ctive date is listed, the date must be filling.) he date inserted in this block does the cut's effective date on the Departm. VI: Other provisions, if any. Signature of a This document is by I am aware that any | ment of State's records. Interest the applicable statutory filing requirements, this date tent of State's records. Interest of a member of an authorized representative of a member. State information submitted in a document to the Department of gree felony as provided for in s.817.155, F.8. JOHN T. SCHURING | will not be will not be attutes. If State |
| EV: Effective date, if other than the ctive date is listed, the date must be filling.) the date inserted in this block does neut's effective date on the Department's effective date is listed, the date must be determined by the date of the Department's effective date on the Department's effective | member of an authorized representative of a member. becomes information submitted in a document to the Department of gree felony as provided for in s.817.155, F.S. | will not be |

ARTICLE IV-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| (Must co | LIER, LLC | | |
|---|--|------------------------------------|--|
| | ntain the words "Limited Liab | ility 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: |
| Princi | ipal Office Address: | | Mailing Address: |
| 1559 S. BARFIEL | D COURT | 1559 | S. BARFIELD COURT |
| MARCO ISLAND | , FL 34145 | | RCO ISLAND, FL 34145 |
| (The Limited Liability Compar | ty cannot serve as its own Res | egistered Agen istered Agent. Y | nt's Signature: You must designate an individual or |
| (The Limited Liability Compai another business entity with an | ny cannot serve as its own Reg o active Florida registration.) et address of the registered age | istered Agent. N | nt's Signature: You must designate an individual or |
| (The Limited Liability Compa- another business entity with an | ny cannot serve as its own Reg o active Florida registration.) et address of the registered age TIM CONATSER | istered Agent. Y | t's Signature: You must designate an individual or |
| (The Limited Liability Compai another business entity with an | ny cannot serve as its own Reg o active Florida registration.) et address of the registered age TIM CONATSER | istered Agent. N | nt's Signature: You must designate an individual or |
| (The Limited Liability Compai another business entity with an | ny cannot serve as its own Reg o active Florida registration.) et address of the registered age TIM CONATSER | istered Agent. Y | nt's Signature: You must designate an individual or |
| (The Limited Liability Compar another business entity with an | ny cannot serve as its own Region active Florida registration.) et address of the registered age TIM CONATSER Na | istered Agent. Y nt are: me | You must designate an individual or |
| ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an | ny cannot serve as its own Region active Florida registration.) et address of the registered age TIM CONATSER No. 1559 S. BARFIELD COL | istered Agent. Y nt are: me | You 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 MAY IO AM II: 41