12200	62707/3
(Requestor's Name) (Address) (Address)	600388835796
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	06./18/22-01001-010 +130.00 SLCRE MARY OF STATE
Special Instructions to Filing Officer:	RECEIVED 2022 JUNIS PH 4:50 ALLAHASSEE.FER

D. O'KEEFE JUN 15 2022

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	CO	OVER LETTER	
TO: New Filing			
	Corporations		
IIC221			
SUBJECT:		mited Liability Company	<u> </u>
		;;	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corres	spondence concerning this m	atter to the following:	
Andrew S		anter to ale tonowing.	
	Пинен		
		Name of Person	
Andrew S	. Epstein, P.A.		
¥**.**** **			
		Firm/Company	
4000 Sun.	merlin Road, Suite C-2524		
		Address	
Fort Myer	s, FL 33919		
•		· · · · · · · · · · · · · · · · · · ·	
Andrewepsi	cin@gmail.com	City/State and Zip Code	
		for future annual report notificat	
			полу
	oncerning this matter, please		
Andrew S.	Epstein 23	39 334-6666	
Na	ne of Person A) rea Code Daytime Telephor	ne Number
Enclosed is a check for	the following amount:		
□\$125.00 Filing Fee	■\$130.00 Filing Fee &	□\$155.00 Filing Fee &	□\$160.00 Filing Fee,
Ū.	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			· · · · · · · · · · · · · · · · · · ·
Maili	ng Address	Street Address	
New I	Filing Section	New Filing Section Di	ivision

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HC221 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:

Principal Office Address:

Mailing Address:

20

12771 World Plaza Lane, Suite 1-1,

Fort Myers, FL 33907

12771 World Plaza Lane, Suite 1-L Fort Myers, FL 33907

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:				22 JL		
	Andrew S. Epstein			LASSE	Ĭ	
		Name	·		വ	
	4600 Summerlin Road				ЫЧ	
	Florida street addre	ss (P.O. Box <u>NOT</u> a	cceptable)		÷	C.
	Fort Myers	FI	33919	102	L I	
	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 address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Four Square Management LLC 12771 World Plaza Lane, Suite 1-N Fort Myers FL 33907	
MGR	ZME Capital Management 12771 World Plaza Lane, Suite 1 Fort Myers, FL 33907	
		2022 JUN
		SSEE PH

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any,

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Andrew S. Epstein, Autorized 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)

S 5.00 Certificate of Status (Optional)