

Division of Corporations

# Florida Department of State

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## FLORIDA LIMITED LIABILITY CO.

Villicus Holdings LLC

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#### H220002649103

# ARTICLES OF ORGANIZATION OF VILLICUS HOLDINGS LLC

### A FLORIDA LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certify that:

#### ARTICLE I - Name & Address

The name of the Limited Liability Company is: Villicus Holdings LLC

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

5481 Cove Circle Naples, FL 34119

#### ARTICLE II - Duration:

The period of duration for the Limited Liability Company shall be perpetual.

#### ARTICLE III — Purpose:

The purpose for the Limited Liability Company shall be to operate a consulting business and to engage in the transaction of any and all business activities permitted under the laws of Florida and the United States of America.

#### ARTICLE IV — Authorized Members:

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

Ryan P. Wilson 5481 Cove Circle Naples, FL 34119

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#### ARTICLE V -- Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be by consent of a majority of the members.

#### ARTICLE VI - Members' Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be by consent of a majority of the members.

#### ARTICLE VII - Effective Date

The term of this company shall be effective on August 1, 2022.

#### ARTICLE VIII - Resident Agent

The name of the initial registered agent and the Florida street address of the registered agent and office shall be:

Arlene F. Austin, Esq. 6312 Trail Blvd. Naples, FL 34108

IN WITNESS WHEREOF, the undersigned have signed these Articles of Organization and acknowledged them to be their free act on this \_\_\_\_\_ day of August, 2022.

Ryan F. Wilson, AMBR

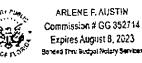
State of Florida County of Collier

On August 5, 2022, Ryan P. Wilson who is personally known to me and who by means of physical presence appeared before me at the time of notarization, and acknowledged signing these Afficles of Organization of Villicus Holdings LLC, a Florida Limited Liability Company for the purposes therein expressed.

Notary Public: Arlene F. Austin

Commission Expiration Date & Commission Number:

(SEAL)



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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

UNDER THE PROVISIONS OF F.S. 605.0114 or 605.0116, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA.

- The name of the limited liability company is: VILLICUS HOLDINGS LLC
- 2. The name and address of the registered agent and office is:

Arlene F. Austin, Esq. 6312 Trail Blvd. Naples, FL 34108

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 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.

Arlene F. Austin, Esq.

State of Florida County of Collier

On August 1, 2022, Arlene F. Austin, Esq., designated above as the individual who shall serve as the limited liability company's initial registered agent who by means of physical presence appeared before me and is personally known to me and acknowledged signing these Articles of Otganization of VILLICUS HOLDINGS LLC as Registered Agent.

Notary Public

Jessica Fisher
(Printed Or Typed Name)

Commission Expiration Date & Commission Number: