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**FLORIDA LIMITED LIABILITY CO.**  
**2130 Arielle, LLC**

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H22000358719 3

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**ARTICLES OF ORGANIZATION  
OF  
2130 ARIELLE, LLC**

The undersigned, desiring to form a limited liability company (the "Company") under Chapter 605 of the Florida Statutes (the "Act"), does hereby state the following:

**ARTICLE I**

Name

The name of the Company shall be 2130 Arielle, LLC.

**ARTICLE II**

Purpose

The Company is formed for any purpose or purposes for which a limited liability company may be formed pursuant to the Act.

**ARTICLE III**

Principal Place of Business

The initial mailing address and street address of the principal office of the Company shall be 1392 Wood Duck Trail, Naples, Florida 34108.

**ARTICLE IV**

Registered Office and Registered Agent

The name of the initial registered agent of the Company is Lisa H. Lipman, and the street address of the initial registered agent of the Company shall be 1392 Wood Duck Trail, Naples, Florida 34108.

**ARTICLE V**

Duration

The Company shall commence its existence on the date these Articles of Organization are filed with the Florida Department of State. The Company shall have perpetual existence until it is dissolved and its affairs wound up.

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ARTICLE VII  
Manager

The initial Manager of the Company shall be:

Lisa H. Lipman  
1392 Wood Duck Trail  
Naples, Florida 34108

IN WITNESS WHEREOF, the undersigned, being the Manager of the Company hereinbefore named, for the purpose of forming a limited liability company under the Act has executed these Articles of Organization as of this 19th day of October, 2022.

*Lisa Lipman*

\_\_\_\_\_  
Lisa H. Lipman, Manager

Having been named Registered Agent and designated to accept service of process for the within-named Company, at the place designated herein, and being familiar with the obligations of that position, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

*Lisa Lipman*

\_\_\_\_\_  
Lisa H. Lipman, Registered Agent

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