

L22000482585

(Requestor's Name)

(Address)

(Address)

• (City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

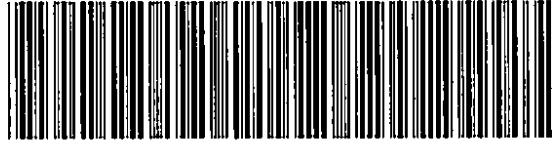
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. CHATHAM  
NOV 15 2022

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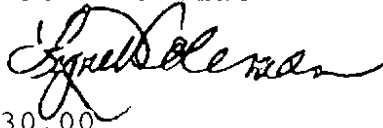
RECEIVED  
2022 NOV 14 PM 4:05  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 132798 7977112

AUTHORIZATION :



COST LIMIT : \$ 130.00

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ORDER DATE : November 14, 2022

ORDER TIME : 1:45 PM

ORDER NO. : 132798-005

CUSTOMER NO: 7977112  
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DOMESTIC FILING

NAME: PLOVER REALTY II, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: PLOVER REALTY II, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Samuel F. Colburn, Esq.  
Name of Person  
Woods, Weidenmiller, Michetti & Rudnick, LLP  
Firm/Company  
9045 Strada Stell Court, Suite 400  
Address  
Naples, FL 34109  
City/State and Zip Code  
scolburn@lawfirmnaples.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel Colburn                      239                      325-4070  
at (                      )  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee
- ☒ \$130.00 Filing Fee &  
Certificate of Status
- ☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)
- ☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
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:

PLOVER REALTY II, 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>Robert Linekin</u>	<u>Robert Linekin</u>
<u>16611 Firenze Way</u>	<u>16611 Firenze Way</u>
<u>Naples, FL 34110</u>	<u>Naples, FL 34110</u>

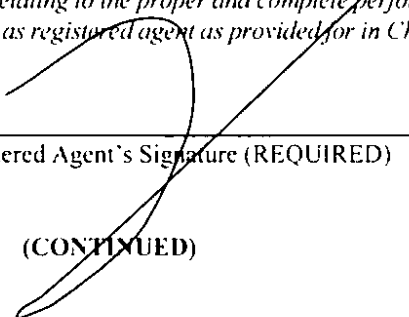
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

<u>WWMR Statutory Agent LLC</u>		
Name		
<u>9045 Strada Stell Court, 4th Floor</u>		
Florida street address (P.O. Box <b>NOT</b> acceptable)		
<u>Naples</u>	<u>FL</u>	<u>34109</u>
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)

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ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Robert Linekin 16611 Firenze Way Naples, FL 34110

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 18, 2022 (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 the date of filing.)

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.  
Any and all lawful business. The Company shall be Manager Managed.

REQUIRED SIGNATURE:

DocuSigned by:  
Robert Linekin  
DB5006D9EBC74AC

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.

Robert Linekin  
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)
- \$ 5.00 Certificate of Status (Optional)