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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

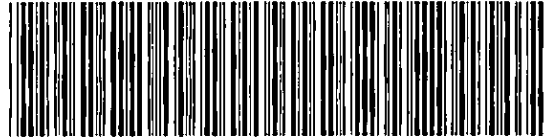
(Business Entity Name)

(Document Number)

Notarized Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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ALLIANCE

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STATE OF CONNECTICUT

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ines and Palms Adventures, LLC

Signature \_\_\_\_\_

Requested by: SETH

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

\_\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_\_ Courier \_\_\_\_\_

## **ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

### **ARTICLE I – Name:**

The name of the limited liability company is:

Pines and Palms Adventures, LLC

### **ARTICLE II – Address:**

The mailing address and street address of the principal office of the limited liability company is:

80401 Old Hwy  
Islamorada, FL 33036

### **ARTICLE III – Purpose:**

This limited liability company is organized for the purpose of engaging in any lawful business in which a limited liability company may engage under Florida law.

### **ARTICLE IV – Duration:**

The period of duration of the limited liability company is perpetual unless sooner dissolved as provided by statute.

### **ARTICLE V – Initial Members:**

The names of the initial members of the limited liability company and their addresses are as follows:

<u>SW6 Keys LLC</u>	<u>Reizen Sun LLC</u>
<u>2605 66<sup>th</sup> Street SW</u>	<u>528 Devils Lane</u>
<u>Naples, FL 34105</u>	<u>Naples, FL 34103</u>

### **ARTICLE VI - Registered Agent, Registered Office & Registered Agent's Signature:**

The name and address of its initial registered agent in the State of Florida is:

Goede, DeBoest & Cross, PLLC  
6609 Willow Park Dr., Second Floor  
Naples, FL 34109

*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*

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DIVISION 2  
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*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.*

*Molly A. Maggiano*

**REGISTERED AGENT'S SIGNATURE**

**ARTICLE VII – Management:**

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

Title:

Name and Address:

Manager

Chad McKimm  
2605 66<sup>th</sup> Street SW  
Naples, FL 34105

Manager

Nicholas Reizen  
528 Devils Lane  
Naples, FL 34103

**REQUIRED SIGNATURE:**

*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.*

Dated: November 16<sup>th</sup>, 2022

By:   
**Chad McKimm, Member**

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2022