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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 166847 7977112 AUTHORIZATION : COST LIMIT : ORDER DATE: November 30, 2022 ORDER TIME : 9:30 AM ORDER NO. : 166847-005 CUSTOMER NO: 7977112 DOMESTIC FILING ISI DEVELOPMENT LLC NAME: EFFECTIVE DATE: ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

CERTIFIED COPY
XX ___ PLAIN STAMPED COPY

CORPORATION SERVICE COMPANY

EXAMINER'S INITIALS:

COVER LETTER

TO:	New Filing S Division of C				
		lopment LLC			
SUBJI	ECT:	Name of	Limited Liab	lity Company	
The en	iclosed Articles o	of Organization and fee(s)	are submitte	d for filing.	
Please	return all corres	pondence concerning this	matter to the	following:	
	Morgan Hi	ila			
			Name o	f Person	
	Woods, W	eidenmiller, Michetti & R	ludnick, LLP		
	•		Firm/C	ompany	
	9045 Strad	a Stell Court, 4th Floor			
			Add	ress	
	Naples/FL	34109			
			City/State a	nd Zip Code	
	mnila@lawi	irmnaples.com E-mail address: (to be us	ad for fitties	onnual report notificat	tion)
~		·		annuai report normear	nony
For furth	er information co	oncerning this matter, ple	ase call:		
	Morgan Hila	aat (239	325-4070 	
	Nan	ne of Person	Area Code	Daytime Telephor	ne Number
Enclose	ed is a check for t	the following amount:			
	.00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & led Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailir</u>	ng Address		Street Address	
		Filing Section		New Filing Section D	
		on of Corporations Box 6327		The Centre of Tallahi 2415 N. Monroe Stre	
		assee, FL 32314		Tallahassee, FL 3230	•

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabi	lity Company is:			
ISI Development I	LC			
		ed Liability Cor	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the princip	al office of the L	imited Liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Address:	
580 Coral Dr.			580 Coral Dr.	
Naples, FL 34102			Naples, FL 34102	_
The name and the Florida stree	WWMR Statutor	y Agent LLC Name		
	9045 Strada Stell			
	Florida street add	ress (P.O. Box j	NOT acceptable)	
	Naples	FL	34109	
	City	State	Zip	
place designated in this certificate further agree to comply with the	te, I hereby accept the c provisions of all statute obligations of my positi	appointment as restricted in the first as registered in the first as regist	for the above stated limited liability company resistered agent and agree to act in this capacitoroper, and complete performance of my dutie agent as provided for in Chapter 605, F.S Signature (REQUIRED)	ito I

(Use attachment if necessary) (Use attachment if necessary) E. V: Effective date, if other than the date of filing:	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:	MGR	Travis Smith 580 Coral Dr. Naples, FL 34102	<u>_</u>
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:			
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:		- " 	_
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:			
EV: Effective date, if other than the date of filing:			-
rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E 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. Travis Smith 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)	•		
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. Travis Smith 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)	ective date is listed, the date must be spe		90 da
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