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Division of Corporations

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000105
Phone : (850)521-0821
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.
MONTIANO, SCUDDER & HANOVER PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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March 15, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: MONTIANO, SCUDDER & HANOVER PARTNERS, LLC
REF: W23000035522

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet. We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

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CORPORATION SERVICE COMPANY

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

Moriano, Seudder & Hanover Partners, 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

Principal Office Address:

Mailing Address:

9429 Rapallo Street
Naples, FL 34119

9429 Rapallo Street
Naples, FL 34119

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

<u>Tallahassee</u>	<u>FL</u>	<u>32301</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.

Alegria Michael Jensen MSP

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLHASSEE, FL

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