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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.

Account Number : 120200000174 : (239)262-5303 Fax Number : (239)262-6030

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# FLORIDA LIMITED LIABILITY CO. Little River 87, LLC

Certificate of Status	1
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#### COVER LETTER

	gistration Section vision of Corporations
SUBJECT:	LITTLE RIVER 87, LLC
SUBJECT	Name of Limited Liability Company
The enclose	d Articles of Organization and fec(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Conrad Willkomm Esq.
	Name of Person
	Law Office of Conrad Willkernm, P.A.
	Firm/Company
	3201 Tamiami Trail N, 2nd Floor
	Address
	Naples, FL 34103
C	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	Conrad Willkomm, Esq. 239 262-5303  Area Code Daytine Telephone Number
-	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
<b>]\$</b> 125.00 Fil	ing Fee \$\int \frac{\\$130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certified Copy (additional copy is enclosed)}} \frac{\\$160.00 \text{ Filing Fee, Certified copy is enclosed)}}{\text{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 of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

C	C	Michigan and an artist	

Fax: 12392626030

To: 8506176361@rctax.com

Fax. (850) 617-6381

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

### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

LITTLE RIVER 87, L1.C

(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:
\$787 Bay Colony Drive, Unit 602	c/o Eric Riak, CIBC
Naples, FL 34108	100 Federal Street, 37th Floor
	Boston, MA 02110

## 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:

Law Office of Cont	ad Willkomm. P.A.	
	Name	
3201 Tamiami Trai	l N, 2nd Floor	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Naples	FL	34103
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 a) registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

6 . . . Y

Fax: 12392626030

Title:		Name and Address:
"AMBR" = : "MGR" = :	Authorized Member	
MGR	vianager	LR Naples Trust, effective as of March 14, 2023
-	<del></del> _	c/o Eric Riak, CiBC
		100 Federal Street, Boston, MA 02110
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(Use attach	ment if necessary)	
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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)