

L23000139718

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To: Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
26892 Hickory LLC

Table with 2 columns: Item, Value. Rows: Certificate of Status (1), Certified Copy (0), Page Count (02), Estimated Charge (\$130.00)

2023 MAR 27 PM 4:29

M.A.
2023 MAR 27 PM 3:27
FALLA/HASS/STEF/OPRIDY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

26S92 Hickory 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:

269 Barefoot Beach Blvd. PH01
Bonita Springs, FL 34134

Mailing Address:

269 Barefoot Beach Blvd. PH01
Bonita Springs, FL 34134

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:

Craig L. Royal

Name

269 Barefoot Beach Blvd. PH01

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

Bonita Springs FL 34134
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 603, F.S..

Craig L. Royal

Registered Agent's Signature (REQUIRED)

(CONTINUED)

DocuSign Envelope ID: 22E83298-E985-4200-A107-7A270F5D15F7

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Craig L. Royal
269 Barefoot Beach Blvd. PH01
Bonita Springs, FL 34134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

REQUIRED SIGNATURE:

Craig L. Royal

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.

Craig L. Royal, Authorized Representative

Typed or printed name of signee

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FALL ANNUAL STATE FILING PERIOD

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)