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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(orty/otale/2lp/: none #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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DESTINATE OF STATE OF

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	ERVICES, INC
Please use funds from this account: I Authorization Signature: Authorization Signature: Islandwalk 5536 LLC BUSINESS	
Certified Copy of ArticlesCertificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit CorpNot for ProfitOfficer/DirectorXLimited LiabilityDomesticationOtherCORPLLLP	Amendment Resignation of R.A. or member Dissolution Change of Registered Agent Revocation of Dissolution Merger Conversion Amended and restated Articles Statement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Trademark Annual Report Fictitious Name	Foreign filingLimited Partnership Reinstatement
APOSTILLE Country	Other

EXAMINIER'S INITIALS:____

FEORIDA CAPITAL COURIER S 2330 CLARE DRIVE	ERVICES, INC
TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-6243	
(650) 52.5	
Please use funds from this account:	1202100000160: \$125.00
Authorization Signature:	ling I
Islandwalk 5536 LLC	
BUSINESS	DOC#
Certified Copy of Articles	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Corp	Amendment
Not for Profit	Resignation of R.A. or member
Officer/Director	Dissolution
X Limited Liability	Change of Registered Agent
Domestication	Revocation of Dissolution
Other	Merger
CORP	Conversion
LLLP	Amended and restated Articles
	Statement of Authority
OTHER FILINGS	DECISTEDATION/OUALIEICATIONS
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Trademark	Foreign filing
Annual Report	Limited Partnership
Fictitious Name	Reinstatement
I ictitious Name	Kemstatement
APOSTILLE	Other
Country	
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EXAMINIER'S INITIALS:____

COVER LETTER

	New Filing Sec Division of Cor			
SUBJEC	T: <u>Islandw</u>	alk 5536 LLC	3.11.173.73	
		Name of Lim	ited Liability Company	
The enclo	sed Articles of	Organization and fee(s) are	submitted for filing.	
Please ret	urn all correspo	ndence concerning this ma	tter to the following:	
		Je	ssica Dunleavy	
			Name of Person	
		Islaı	ndwalk 5536 LLC	
			Firm/Company	
		9559	9 Via Lago Way	
			Address	
			Myers, FL 33912	
	 -		ty/State and Zip Code	
			@finemarkbank.com	 _
	ti	E-mail address: (to be used	for future annual report notification	on)
For further	information cor	ncerning this matter, please	call:	
	Lura Bar	uaat (888) 650-3738	
	Name	e of Person Ar	ea Code Daytime Telephone	Number
Enclosed	is a check for th	ne following amount:		
X\$125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	New Fi Divisio P.O. B	g Address ling Section on of Corporations ox 6327 assee, FL 32314	Street Address New Filing Section Div The Centre of Tallahas 2415 N. Monroe Stree Tallahassee, FL 32303	ssee 1, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Islandwalk <u>5536</u> LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the principal office of the principal office Address:	of the Limited Liability Company is: Mailing Address:
9559 Via Lago Way	9559 Via Lago Way
Fort Myers, FL 33912	Fort Myers, FL 33912
ADTICLE III. Designand Agent Designand Office & De	

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:

Jessi	ca Dunleav	У
	Name	
8695 Collec	ge Pkwy Ste	e 100
Florida street address	(P.O. Box <u>NO]</u>	acceptable)
Fort Myers,	Florida,	33919
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

		Name and Address:		
	uthorized Member			
"MGR" = Ma	-			
MG	<u>R</u>	William Hearn		_
		9559 Via Lago Way		_
		Fort Myers, FL 33912		_
MG	D	Datricia Hearn		
	<u> </u>	Patricia Hearn		_
		9559 Via Lago Way Fort Myers, FL 33912		_
				_
				_
				_
				-
				_
(Use attachmo	ent if necessary)			
an effective date is	e date, if other than the date o listed, the date must be spec	f filing: (OPT ific and cannot be more than five business days	prior to or 90) days after
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