L23000270575

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

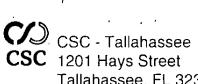




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RECEIVED 29 JUN-6 AMII: 3

8: 27



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592
Date: 06/06/23
Order #: 1220012-1
Re: ITEC F Realty, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

120000000195

AUTH:

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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COVER LETTER

	New Filing Sec Division of Cor					
SUBJEC	ITEC F Rea	alty, LLC				
500000		Name	e of Lim	ited Liabil	ity Company	
The enclo	osed Articles of	Organization and f	ee(s) are	submitted	for filing.	
Please ret	urn all correspo	ndence concerning	this mat	ter to the	ollowing:	
	Samuel F. Co	olburn, Esq.				
				Name of	Person	
	Woods, Wei	lenmiller, Michetti	& Rudr	nick, LLP		
				Firm/Co	mpany	
	9045 Strada	Stell Court, Suite 4	00			
		··		Addr	ess	<u> </u>
	Naples, FL 3	4109				
	ecolburn@lau	firmnaples.com	Ci	ty/State an	d Zip Code	
		<u></u>	oe used 1	for future a	nnual report notificati	on)
For further	information cor	cerning this matter	. please	call:		
	Samuel Colbu	rn	239 at (9	325-4070	
	Name	of Person	Are	ea Code	Daytime Telephone	e Number
Enclosed	is a check for th	e following amoun	t:			
	0 Filing Fee	■\$130.00 Filing Certificate of Sta	Fee &	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. Bo	Address ing Section n of Corporations ox 6327 ssee FL 32314			Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree	ssee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liability	y Company is:					
ITEC F Realty, LLC						
(Must conta	ain the words "Limited	Liability Company	r, "L.L.C.," or "LLC.")			
ARTICLE II - Address;						
The mailing address and street ac	ldress of the principal	office of the Limite	d Liability Company is:			
	, ,		4.0			
<u>Principa</u>	al Office Address:		Mailing Address:			
Robert Linekin		Roj	bert Linckin			
16611 Firenze Way			16611 Firenze Way			
Naples, FL 34110		Na	Naples, FL 34110			
ARTICLE III - Registered Age						
another business entity with an a	cannot serve as its owi ctive Florida registrati	n Registered Agent. on.)	You must designate an individual of	or		
The name and the Florida street a	address of the registere	d agent are:				
	WWMR Statutory A	Agent LLC				
		Name	-			
	9045 Strada Stell Court, 4th Floor					
	Florida street address (P.O. Box NOT acceptable)					
	Frontal street address (F.					
	<u>Naples</u>	FI.	34109			
	City	State	Zip			
Anvina heen named as revistered a	agnt and to accomison	vice of process for th	ne above stated limited liability comp	rann at tha		
			red ag <u>ent an</u> d agree to act in this ca _l			
urther agree to comply with the pro	ovisions of all statutes r	elating to the prope	r and complete performance of my a	luties, and I		
ım familiar with and accept the obi	ligations of my position	as registered agent	as provided for in Chapter 605. F.S			
	Regis	tered Agent's Signa	nure (REQUIRED)			
	_	(CONTINUED)				
	•	(20//11/06/)				

2023

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Robert Linekin
	16611 Firenze Wav Naples, FL 34110
	14a/ites, 115 54110
E V: Effective date, if other than the dat cetive date is listed, the date must be spot filling.)	e of filing: February 16, 2021 . (OPTIONAL) pecific and cannot be more than five business days prior to or 90
ective date is listed, the date must be spot filing.)	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
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COVER LETTER

Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enc		New Filing Secti Division of Corp							
Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Samuel F. Colburn. Esq. Name of Person Woods, Weidenmiller, Michetti & Rudnick, LLP Firm/Company 9045 Strada Stell Court. Suite 400 Address Naples, FL 34109 City/State and Zip Code scolburn@lawfirmnaples.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Samuel Colburn at (239 325-4070 2470) Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □S125.00 Filing Fee ©S130.00 Filing Fee & □S150.00 Filing Fee & □S160.00 Filing Fee & Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	SHRIFC		ty, LLC						
Please return all correspondence concerning this matter to the following: Samuel F. Colburn, Esq. Name of Person Woods, Weidenmiller, Michetti & Rudnick, LLP Firm/Company 9045 Strada Stell Court, Suite 400 Address Naples, FL 34109 City/State and Zip Code scolburn@lawfirmnaples.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Samuel Colburn at (
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Woods, Weidenmiller, Michetti & Rudnick, LLP Firm/Company 9045 Strada Stell Court, Suite 400 Address Naples, FL 34109 City/State and Zip Code scolburn@ławlimnaples.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Samuel Colburn Samuel Colburn Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □S125.00 Filing Fee S130.00 Filing Fee & □S155.00 Filing Fee & □S160.00 Filing Fe & □S160.00 Filing Fee & □S160.		Samuel F. Co	burn, Esq.						
Firm/Company 9045 Strada Stell Court, Suite 400 Address Naples, FL 34109 City/State and Zip Code scolburn@lawfirmnaples.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Samuel Colburn at (Name	of Person				
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City/State and Zip Code scolburn@lawfirmnaples.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Samuel Colburn at (9045 Strada S	tell Court, Suite 400)					
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Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303		New Fili Division P.O. Bo:	ng Section of Corporations x 6327		The Centre of Tallaha 2415 N. Monroe Stree	assee et. Suite 810			