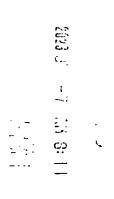
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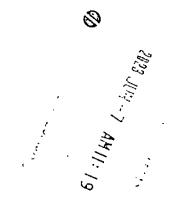
(F	Requestor's Name)	
(A	Address)	<del></del>
	Address)	
(C	City/State/Zip/Phone #)	
PICK-UP	MAIT MA	AIL
(E	Business Entity Name)	
(0	Document Number)	
Certifiea Copies	Certificates of Status	
Special Instructions to Fi	iling Officer:	

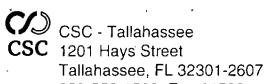
Office Use Only



400409860814







850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 06/07/23 Order #: 1220252-1

Re: Naples Fairway Retreat 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:

12000000195

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.

## **COVER LETTER**

то:	New Filing Sec Division of Cor				
SUBJE	Naples Fair	way Retreat LLC			
SOBJE	C1	Name of Li	mited Liabil	ity Company	
The enc	losed Articles of	Organization and fee(s) a	re submitted	for filing.	
Please r	eturn all correspo	ndence concerning this n	natter to the	following:	
	George M. M	1orris, Esq.			
	<del> </del>	<u> </u>	Name of	Person	
	Parker McCa	ıy P.A.			
			Firm/Co	mpany	
	9000 Midlan	tic Drive, Suite 300			
•			Addı	ess	
	Mount Laure	el, NJ 08054	_		
	. 0 1		City/State ar	d Zip Code	
	gmorris@park F	E-mail address: (to be use	d for future	nnual report notificati	on)
For furthe		ncerning this matter, plea			
or man	George M. M	Torris, Esq.	856	810-5855	
	Name		Area Code	Daytime Telephon	e Number
Enclose	d is a check for th	ne following amount:			
	,00 Filing Fee	S130.00 Filing Fee & Certificate of Status	Certif	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. B	g Address lling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Naples Fairway Retro			
	ain the words "Limited Li	ability Company,	"L.L.C.," or "LLC.")
RTICLE II - Address:			
he mailing address and street ac	idress of the principal offi	ice of the Limited	Liability Company is:
<u>Principa</u>	al Office Address:		Mailing Address
89 Bechnut Court		89 E	Sechnut Court
RTICLE III - Registered Age the Limited Liability Company nother business entity with an a	nt, Registered Office, & cannot serve as its own R	Lun Registered Agent.	aborton, New Jersey 08048 nt's Signature:
RTICLE III - Registered Age The Limited Liability Company	ent, Registered Office, & cannot serve as its own R ctive Florida registration.	Registered Agent.  ) gent are:	aborton, New Jersey 08048 nt's Signature:
RTICLE III - Registered Age the Limited Liability Company other husiness entity with an a	ent, Registered Office, & cannot serve as its own R active Florida registration. Address of the registered a Corporation Service Co	Registered Agent.  )  igent are:	aborton, New Jersey 08048 nt's Signature:
RTICLE III - Registered Age the Limited Liability Company other husiness entity with an a	ent, Registered Office, & cannot serve as its own R active Florida registration. Address of the registered a Corporation Service Co	Registered Agent.  ) gent are:	aborton, New Jersey 08048 nt's Signature:
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RTICLE III - Registered Age the Limited Liability Company other husiness entity with an a	ent, Registered Office, & cannot serve as its own R ctive Florida registration. address of the registered a Corporation Service Co. 1201 Hays Street	Registered Agent. ) agent are: ompany Name	nborton, New Jersey 08048  nt's Signature: You must designate an indiv

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..

Willard - Serenson, AVP

Registered Agent's Signature (REQUIRED)

(CONTINUED)

8 H 2 - 1

ARTICLE IV-

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

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(OPTIONAL) cannot be more than five business days prior to or 90
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n authorized representative of a member.
rdance with section 605.0203 (1) (b), Florida Statutes. on submitted in a document to the Department of State
rdance with section 605.0203 (1) (b), Florida Statutes. on submitted in a document to the Department of State provided for in s.817.155, F.S.
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\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)