# 123000306151

<del></del>		
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
	usiness Entity Name	<u>.                                    </u>
(		•
	ocument Number)	
(50	ocament Namber)	
	0	
Certified Copies	Certificates o	or Status
Special Instructions to	Filing Officer:	
Certified Copies		of Status

Office Use Only



300409884763

(hhtm

96/27/23--01009--006 \*\*125.00

RECEIVEL

1023 JUN 27 AM 12: 17 SECRETARY OF STATE



## CORPORATE ACCESS, \_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

PICK UP:

**MISTY 6/27** 

	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	LLC
•	PRESTWICK #215, LLC	
	(CORPORATE NAME AND DOCUMI	ENT #)
•		
	(CORPORATE NAME AND DOCUME	ENT #)
-	(CORPORATE NAME AND DOCUME	ENT #)
•		
-	(CORPORATE NAME AND DOCUME	ENT #)
•		
_	(CORPORATE NAME AND DOCUME	ENT #)
_	(CORPORATE NAME AND DOCUME	ENT #)
PECIAI ISTRU	CTIONS:	

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

The name of the Limited Liab	ility Company is:			
Prestwick #215, L.	LC			
		Liability Cor	mpany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the L	Limited Liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Address:	
8605 Naples Heritage Drive, #215 Naples, FL 34112			8605 Naples Heritage Drive, #215 Naples, FL 34112	
The name and the Florida stree	Gerard T. Papetti	d agent are: Name		
	8605 Naples Heritag	e Drive, #21:	5	
	Florida street addres			
	Naples	FL	34112	
	City	State	Zip	
place designated in this certificat further agree to comply with the	te, I hereby accept the appo provisions of all statutes re	ointment as re clating to the	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S	
	/s/ Gerard T. P	apetti		
	Regist	ered Agent's	Signature (REQUIRED)	

(CONTINUED)

PULLU 2023 JUN 27 AH 12: I

Title: "AMBR" = Authorized Member "MCR" = Memory	Name and Address:		
"MGR" = Manager AMBR	Gerard T. Papetti		
	8605 Naples Heritage Drive, #215		
	Naples, FL 34112		
<del></del>			
<del></del>			
(Use attachment if necessary)			
n effective date is listed, the date must be spe date of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days aft		
e: If the date inserted in this block does not m document's effective date on the Department of	cet the applicable statutory filing requirements, this date will not be listed f State's records.		
TCLE VI: Other provisions, if any.			

#### **REQUIRED SIGNATURE:**

/s/ Gerard T. Papetti

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.

Gerard T. Papetti

Typed or printed name of signee

#### 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)

SECRETARY OF STATE
TALLAHASSEE, FI