

**L23000341401**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H23000252744 3)))



H230002527443ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : THE 1031 EXCHANGE CONNECTION INC.  
Account Number : T20220000045  
Phone : (239)659-1031  
Fax Number : (239)228-7604

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: NACE@1031CONNECTION.COM

2023 JUL 19 PM 3:56  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
2141 PAGET CIRCLE, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

RECEIVED  
2023 JUL 19 PM 4:40  
CORPORATIONS  
SERIAL  
FILES

Electronic Filing Menu Corporate Filing Menu Help

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 2141 PAGET CIRCLE, LLC  
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:

NACE COHEN

Name of Person

THE 1031 EXCHANGE CONNECTION, INC.

Firm/Company

9400 FOUNTAIN MEDICAL COURT, SUITE B-100

Address

BONITA SPRINGS, FL 34135

City/State and Zip Code

NACE@1031CONNECTION.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NACE COHEN      239      659-1031  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 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)

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 32303

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32303  
2023 JUL 19 PM 3:56

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

2141 PAGET CIRCLE, 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:Mailing Address:

9400 FOUNTAIN MEDICAL CT

SAME

SUITE B-100

BONITA SPRINGS, FL 34135

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

FLEATCO HOLDINGS LLC

Name

9400 FOUNTAIN MEDICAL CT, STE B-100

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

BONITA SPRINGS

FL


34135

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 statute's 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)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2023 JUL 19 PM 3:56

**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

AMBR

FLEATCO HOLDINGS LLC  
9400 FOUNTAIN MEDICAL CT, STE B-100  
BONITA SPRINGS, FL 34135

MGR

NACE COHEN, CPA  
9400 FOUNTAIN MEDICAL CT, STE B-100  
BONITA SPRINGS, FL 34135

MGR

MICHAEL ELORANTO  
9400 FOUNTAIN MEDICAL CT, STE B-100  
BONITA SPRINGS, FL 34135

MGR

TIMOTHY W KUCK  
6316 WESTWOOD CT  
EDINA, MN 55436

(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.

REAL ESTATE INVESTMENT

**REQUIRED SIGNATURE:**


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.

NACE COHEN

Typed or printed name of signer

**Filing Fees:**

\$123.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 2023 JUL 19 PM 3:56