

9/18/23, 1:09 PM

Division of Corporations

# L23000432748

Florida Department of State  
Division of Corporations  
Electronic Filing Center Sheet

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To:

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

From:

Account Name : THE 1031 EXCHANGE CONNECTION INC.  
Account Number : I20220000045  
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: \_\_\_\_\_

2023 SEP 18 PM 2:34  
TALLAHASSEE FL  
FLORIDA DEPARTMENT OF STATE

FILED

**FLORIDA LIMITED LIABILITY CO.  
WATERSIDE HOTEL DEVELOPMENT LLC**

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

T. MATTHEWS

SEP 19 2023

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: WATERSIDE HOTEL DEVELOPMENT 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  
at (      )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

## ARTICLE I - Name:

The name of the Limited Liability Company is:

2023 SEP 18 PM 2:31

WATERSIDE HOTEL DEVELOPMENT LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

CLERK OF STATE  
TALLAHASSEE, FL

## 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  
SUITE B-100  
BONITA SPRINGS, FL 34135SAME

## 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-100Florida 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 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:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

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

PHILIP J. McCABE  
455 CITATION POINT  
NAPLES, FL 34104

(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:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)