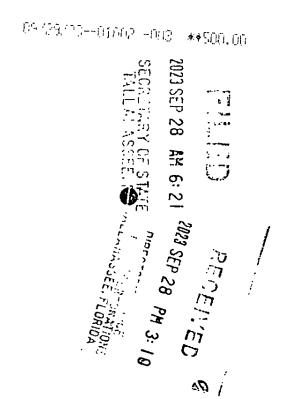


(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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WALK IN

	CERTIFIED COPY		_
ΧX	РНОТОСОРУ		
	GS		
XX	FILING	LLC	
	EEWOOD LODGING, I		
((CORPORATE NAME AND DOC	CUMENT #)	_
-(0	CORPORATE NAME AND DOC	CUMENT #)	
(0	CORPORATE NAME AND DOC	CUMENT #)	
((ORPORATE NAME AND DOC	CUMENT #)	
(C	ORPORATE NAME AND DOC	CUMENT #)	
(C	ORPORATE NAME AND DOC	:UMENT #)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
Leewood Lodging, LI			
(Must contai	n the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	lress of the principal o	ffice of the Li	mited Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
1273 Cooper Drive			PO Box 829
Naples, FL 34103			Lenox, MA 01240
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an act	annot serve as its own	Registered Ag	Agent's Signature: gent. You must designate an individual or
The name and the Florida street ad	dress of the registered	agent are:	
	Jeff Novatt, Esq.		
		Name	
	1415 Panther Lane, S	uite 432	
	Florida street address	s (P.O. Box <u>N</u>	OT acceptable)
	Naples	FL	34109
	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)

2023 SEP 28 AM 6: 21 SECRETARY GESTATE

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Joseph M. Toole
	1273 Cooper Drive
	Naples, FL 34103
MGR	Colin Toole
	PO Box 829
	Lenox, MA 01240
(Use attachment if necessary)	
CLE V: Effective date, if other than the date of filing:	(OPTIONAL)
effective date is listed, the date must be specific and te of filing.)	cannot be more than five business days prior to or 90 days aft
If the date inserted in this block does not meet the a ocument's effective date on the Department of State's	pplicable statutory filing requirements, this date will not be listed records.
CLE VI: Other provisions, if any.	
imited liability company is a manager-managed limit	ad liability company

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.

Jeff Novatt, Esq., Authorized Representative 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)

REOUIRED SIGNATURE:

as