P.001/005

epartinent of

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.

(((H23000374426 3)))



VED	1 O H
	023 OCT 27

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 : 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:		
-------	----------	--	--

FLORIDA LIMITED LIABILITY CO.

and the state of t

304 NE 17th AVE, LLC

Certificate of Status	1
Certified Copy	. 0
Page Count	284 5
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	New Filing Sect Division of Cor						
	304 NE 17t	h AVE, LLC					
SUBJE	ECT:	Nam	e of Limi	ited Liabili	ty Company		
The en	closed Articles of	Oreanization and f	ee(s) are	submitted	for filing.		٠
	return all correspo						
Picasc	lemm an correspo	lidelice collectiui)	; tino mat		one mig.		
	NACE COH	EN				<u></u>	
	4. -	···		Name of	Persor.		
	THE 1031 E	XCHANGE CON	NECTIO	N. INC.			1
				Firm/Co	mpany		
	9400 FOUN	TAIN MEDICAL	COURT	, SUITE B	-100		
				Addr	ess		
	BONITA SP	RINGS, FL 34135	į				
				ty/State an	d Zip Code	· ·	
		CONNECTION.C		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	ŀ	i-mail address: (10	be used	tor ruture t	innual report notificati	ion)	
For furtl	her information co	ncerning this matte	r, please	call:			•
	NACE COH	EN	23 at (-	659-1031		
	Nam	e of Person	_ _		Daytime Tolephon	e Number	
Enclos	sed is a check for t	he following amou	nt:				
□\$12	25.00 Filing Fee	■\$130.00 Filin Certificate of S	g Fee & tatus	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Fi Certificate of Certified Cop (additional cop	Status & Dy
		ig Address			Street Address		
		iling Section on of Corporations	•		New Filing Section D The Centre of Tallah		
	P.O. B	ox 6327			2415 N. Monroe Stre	et, Suite 810	
	Tallah	assee, FL 32314			Tallahassee, FL 3230	13	

Tallahassee, FL 32314

AKTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabil	ity Company is:			
			·	
304 NE 17th AVE,		<u>.</u>		
(Must con	tain the words "Limited Lia	ibility Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	•			
The mailing address and street	address of the principal offic	ce of the Li	mited Liability Company is:	
D =!==!-	! Office Address:		Mailing Address:	
Franço	nal Office Address:		Mannie Address	
9400 FOUNTAIN 3	MEDICAL CT	_	SAME	
SUITE B-100 BONITA SPRINGS	S F1 34135	_	<u> </u>	
DOMIN BINGHOL	, 1 1 5 (100			
ARTICLE III - Registered Ag	gent, Registered Office, &	Registered	Agent's Signature:	
			gent. You must designate an individual or	
another business entity with an	active riorida registration.,	,		
The name and the Florida street	address of the registered as	gent are:		
	FLEATCO HOLDINO	SILC		
		vame		
	9400 FOUNTAIN MEI	אר או כד	STE B-100	
	Florida street address (1			
	· ·		•	
	BONITA SPRINGS	FL -	34135	
	City	State	Zip	
Having been named as registered	agent and to accept service	of process j	or the above stated limited liability company at	íhe
			gistered agent and agree to act in this capacity.	
			roper and complete performance of my duties. a gent as provided for in Chapter 605, F.S	ınd I
ıт зитинағ wил ала ассері іле о	ongations of my position as	regisiereu i A	genus providea for in Chapter 605, 7.5	
	No.	(A		
	Reciptors		signature (REQUIRED)	
	Vediziete	u Agent 3 3	ignature (REQUIRED)	
			•	
	(CONTINU	(ED)	

ARTICLE IV-

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
*	
AMBR .	FLEATCO HOLDINGS LLC
	9400 FOUNTAIN MEDICAL CT, STE B-100 BONITA SPRINGS, FL 34135
	DOMER OF RENOU, LE SALSE
MGR_	NACE COHEN, CPA
TOTAL	9400 FOUNTAIN MEDICAL CT, STE B-100
	BONITA SPRINGS, FL 34135
MGR	MICHAEL ELORANTO
	9400 FOUNTAIN MEDICAL CT, STE B-100
•	BÔNITA ŚPRINGS, FL 34135
MGR ·	JAMES FINE 1965 GULFSHORE BLVD N UNIT 214
•	NAPLES, FL 34102
	0501. 0 0.100
V: Effective date, if other than the cetive date is listed, the date must be filling.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be f filing.)	especific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the certive date is ilsted, the date must be filling.) the date inserted in this block does need a effective date on the Department of the Provisions, if any.	especific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the certive date is listed, the date must be filling.) The date inserted in this block does not be date inserted in this block does not be date.	especific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will not ent of State's records.
EV: Effective date, if other than the certive date is ilsted, the date must be filling.) the date inserted in this block does need a effective date on the Department of the Provisions, if any.	especific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will not ent of State's records.
CV: Effective date, if other than the obtive date is listed, the date must be filling.) the date inserted in this block does need a seffective date on the Department's effective date on the Department's CVI: Other provisions, if any. TATE INVESTMENT. REOLURED SIGNATURE:	especific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will not ent of State's records. The state of the applicable statutory filing requirements, this date will not ent of State's records.
CV: Effective date, if other than the obtive date is listed, the date must be filling.) The date inserted in this block does need a seffective date on the Department's effective date on the Department's CVI: Other provisions, if any. TATE INVESTMENT. Signature of a This document is exercised.	especific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will not ent of State's records. The state of the applicable statutory filing requirements, this date will not ent of State's records. The state of the applicable statutory filing requirements, this date will not ent of State of
CV: Effective date, if other than the obtive date is listed, the date must be filling.) the date inserted in this block does nearly effective date on the Department's effective date on the Department's CVI: Other provisions, if any. TATE INVESTMENT. Signature of a This document is exellent any filling and avare that any fill are date of the content of the conte	member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b). Florida Statutes. Talse information submitted in a document to the Department of State.
CV: Effective date, if other than the obtive date is listed, the date must be filling.) the date inserted in this block does nearly effective date on the Department's effective date on the Department's CVI: Other provisions, if any. TATE INVESTMENT. Signature of a This document is exellent any filling and avare that any fill are date of the content of the conte	especific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will not ent of State's records. The state of the applicable statutory filing requirements, this date will not ent of State's records. The state of the applicable statutory filing requirements, this date will not ent of State of
CV: Effective date, if other than the obtive date is listed, the date must be filling.) The date inserted in this block does need in service date on the Department's effective date of the Department's effective date of the Department's effective date of the De	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b). Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
CV: Effective date, if other than the obtive date is listed, the date must be filling.) the date inserted in this block does need in service of the Department's effective date on the Department's effective date on the Department's CVI: Other provisions, if any. TATE INVESTMENT. Signature of a This document is exell am aware that any filling constitutes a third department.	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b). Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
CV: Effective date, if other than the obtive date is listed, the date must be filling.) the date inserted in this block does need a seffective date on the Department's effective date on the Department's CVI: Other provisions, if any. TATE INVESTMENT. Signature of a This document is exellent aware that any filling constitutes a third department.	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b). Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.

as

Title: "AMBR" = Authorized Member "MGR" = Manager MICHAEL DOMINIANNI 1065 GULFSHORE BLVD N UNIT 214 NAPLES, FL 34102 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (COPTIC fective date is listed, the date must be specific and cannot be more than five business days prof filing.) (the date insorted in this block does not meet the applicable statutory filing requirements, this comment's effective date on the Department of State's records. LE VI: Other provisions, if any.		Name and Address:
MICHAEL DOMINIANNI 1065 GULFSHORE BLVD N UNIT 214 NAPLES, PL 34102 (Use attachment if necessary) LEV: Effective date, if other than the date of filing:	Manager	•
(Use attachment if necessary) (Use attachment if necessary) LEV: Effective date, if other than the date of filing: (OPTIO fective date is listed, the date must be specific and cannot be more than five business days prof filing.) if the date insorted in this block does not meet the applicable statutory filing requirements, this cannot's effective date on the Department of State's records.		•
(Use attachment if necessary) (Use attachment if necessary) LEV: Effective date, if other than the date of filing: (OPTIO fective date is listed, the date must be specific and cannot be more than five business days prof filing.) If the date insorted in this block does not meet the applicable statutory filing requirements, this cannot's effective date on the Department of State's records.	•	MICHAEL DOMINIANNI
(Use attachment if necessary) LEV: Effective date, if other than the date of filing:		1065 GULFSHORE BLVD N UNIT 214
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		NAPLES, FL 34102
LE V: Effective date, if other than the date of filing:		
LE V: Effective date, if other than the date of filing:		
LE V: Effective date, if other than the date of filing:	•	
LE V: Effective date, if other than the date of filing:		
LE V: Effective date, if other than the date of filing:		
LE V: Effective date, if other than the date of filing:	· · · · · · · · · · · · · · · · · · ·	
LE V: Effective date, if other than the date of filing:		
LE V: Effective date, if other than the date of filing:		
LE V: Effective date, if other than the date of filing:		
LE V: Effective date, if other than the date of filing:	<u> </u>	
LE V: Effective date, if other than the date of filing:		
LE V: Effective date, if other than the date of filing:		
LE V: Effective date, if other than the date of filing:		
of filing.) If the date insorted in this block does not meet the applicable statutory filing requirements, this comment's effective date on the Department of State's records.	nment if necessary)	•
of filing.) If the date insorted in this block does not meet the applicable statutory filing requirements, this comment's effective date on the Department of State's records.	ctive date, if other than the date	of filing:
of filing.) If the date insorted in this block does not meet the applicable statutory filing requirements, this comment's effective date on the Department of State's records.	is listed, the date must be sp-	ecific and cannot be more than five business days prior to or 90 d
iment's effective date on the Department of State's records.	,	
·	asorted in this block does not n	neet the applicable statutory filing requirements, this date will not b
LE VI: Other provisions, if any.	ective date on the Department	of State's records.
	er provisions, if any,	
REQUIRED SIGNATURE:		•
Al	ED SIGNATURE	
Mari (at)	ED SIGNATURE:	. (1-
Signature of a member or an authorized representative of a member	ED SIGNATURE:	· Cot
This document is executed in accordance with section 605 0203 (1) (b). Florid	Signature of a me	ember or an authorized representative of a member.
the government to execute in accordance with section observed (1/0), I follow	Signature of a me This document is execu	ted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department constitutes a third degree felony as provided for in s.817.155, F.S.	Signature of a me This document is executed any salse	ted in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State

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)