## L23000524366

|                         | (Requestor's Name)       |
|-------------------------|--------------------------|
|                         | (Address)                |
|                         | (Address)                |
| ·-                      | (City/State/Zip/Phone #) |
| PICK-UP                 | WAIT MAIL                |
|                         | (Business Entity Name)   |
|                         | (Document Number)        |
| rtified Copies          | Certificates of Status   |
| Special Instructions to | Filing Officer:          |
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·· FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624

KAMINER'S INITIALS:\_\_\_\_\_

| 50 Parker Road, LLC      |                                   |
|--------------------------|-----------------------------------|
| BUSINESS (Name)          | Document #                        |
| Walk in                  | Pick up time                      |
| Mail out                 | Will wait                         |
| Photocopy                |                                   |
| Certified Copy of Filing |                                   |
| Certificate of Status    |                                   |
| NEW FILINGS              | <u>AMENDMENTS</u>                 |
| Profit                   | Amendment                         |
| Not for Profit           | Resignation                       |
| XLimited Liability       | Change of Registered Ager         |
| Domestication            | Dissolution/Withdrawal            |
| Other                    | Merger                            |
| CORP                     | Conversion                        |
| OTHER FILINGS            | REGISTERATION/QUALIFICATIONS      |
| Annual Report            | Foreign filing                    |
| Di didi. Nama            | Limited Partnership Reinstatement |
| Fictitious Name          | Statement of Authority            |
| APOSTIL (                | Other                             |
| ntry                     | _ <del></del>                     |

(850) 524-5437 (850) 524-624 PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$125.00 AUTHORIZATION SIGNATURE: 50 Parker Road, LLC BUSINESS (Name) Document # Pick up time\_\_\_\_ Walk in Will wait Mail out Photocopy Certified Copy of Filing Certificate of Status <u>AMENDMENTS</u> **NEW FILINGS** \_\_\_\_ Amendment Profit \_\_\_\_Resignation Not for Profit \_\_\_Change of Registered Agent X\_\_Limited Liability Dissolution/Withdrawal Domestication Merger Other \_\_\_ Conversion CORP REGISTERATION/QUALIFICATIONS OTHER FILINGS \_\_\_ Foreign filing Annual Report \_\_\_Limited Partnership \_\_\_\_Reinstatement Fictitious Name

\_\_\_\_.Statement of Authority

\_\_ Other

-- FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

APOSTIL (\_\_\_\_\_

KAMINER'S INITIALS:\_\_\_\_\_

Country

## **COVER LETTER**

| TO:            | New Filing Sec<br>Division of Co |                                    |              |             |  |  |
|----------------|----------------------------------|------------------------------------|--------------|-------------|--|--|
| SUBJE          | 50 Parker F                      | Road, LLC                          |              |             |  |  |
| 30131.         | C1                               | N:                                 | ame of Lim   | ited Liabi  | lity Company                                       |  |
| The enc        | losed Articles of                | Organization an                    | đ fee(s) are | submitte    | d for filing.                                      |  |
| Please r       | eturn all correspo               | ondence concern                    | ing this ma  | tter to the | following:   |  |
|                | Robert Macs                      | gregor                             |              |             |  |  |
|                |                                  |                                    |              | Name o      | f Person   |  |
|                |                                  |                                    |              |             |  |  |
|                |                                  |                                    |              | Firm/C      | ompany   |  |
|                | 8457 Bent C                      | reek Court                         |              |             |  |  |
|                | <del> </del>                     |                                    |              | Add         | ress   |  |
|                | Naples, FL3                      | 34114                              |              |             |  |  |
|                |                                  |                                    | Ci           | ity/State a | nd Zip Code  |  |
|                | rob@matrixx                      |                                    |              |             |  |  |
|                |                                  | E-mail address: (                  | to be used   | for future  | annual report notificat                            | ion)   |
| For furthe     | er information co                | oncerning this ma                  | tter, please | call:       |  |  |
|                | Robert Macg                      | regor                              | 732<br>at (  |             | 212-1018   |  |
|                | Nan                              | ne of Person                       | Ar           | rea Code    | Daytime Telephor                                   | ne Number  |
| Enclose        | ed is a check for t              | the following am                   | ount:        |             |  |  |
| <b>■</b> \$125 | .00 Filing Fee                   | □\$130.00 Fil<br>Certificate of    |              | Certi       | 55.00 Filing Fee & fied Copy nal copy is enclosed) | ☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
|                | ·                                | ng Address                         |              |             | Street Address                                     | intain   |
|                |                                  | Filing Section<br>on of Corporatio | ns           |             | New Filing Section D The Centre of Tallah          |  |

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liabili   | y Company is:  |  |   |
|---|--|--|---|
| 50 Parker Road, LLC   |  | 11:12: 6:  |   |
| (Must cont  | ain the words "Limite                                    | ed Liability Compai  | ny, "L.L.C.," or "LLC.")  |
| ARTICLE II - Address:<br>The mailing address and street a                 | ddress of the principa                                   | I office of the Limi   | ted Liability Company is:   |
| <u>Princip</u>  | al Office Address:                                       |  | Mailing Address:  |
| 8457 Bent Creek Cou   | ırt  | 84   | 457 Bent Creek Court  |
| Naples, FL 34114  |  | N  | aples, FL 34114   |
|   | Robert Macgregor  8457 Bent Creek C  Florida street addi | Name   | [ acceptable)   |
|   | Naples   | FL.  | 34114   |
|   | City   | State  | Zip   |
| lace designated in this certificate<br>urther agree to comply with the pi | I hereby accept the a<br>covisions of all statute        | ppointment as regis<br>s relating to the pro<br>on as registered age | the above stated limited liability company at the stered agent and agree to act in this capacity. I per and complete performance of my duties, and ent as provided for in Chapter 605, F.S. |
|   |  |  | nature (REQUIRED)   |
|   |  | (CONTINUE  | D)  |

## ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

| AMBR" = Authorized M<br>MGR" = Manager<br>MGR  |  |
|--|--|
| C  |  |
| MOK  | Dahaet Managane  |
|  | Robert Macgregor<br>8457 Bent Creek Court  |
|  | Naples, FL 34114   |
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| Use attachment if necess   | sary)  |
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| EVI: Other provisions, if  | any.   |
|  |  |
|  |  |
| REQUIRED SIGNATU   | JRE:   |
| REQUIRED SIGNATU   | JRE:<br>bert Macgregor   |
| REQUIRED SIGNATU  /s/ 'Rob  Sig This doc I am awa  | JRE:   |
| REQUIRED SIGNATU /s/ Rob Sig This doc I am awa constitut   | gnature of a member or an authorized representative of a member. Element is executed in accordance with section 605.0203 (1) (b), Florida Statutes, are that any false information submitted in a document to the Department of State es a third degree felony as provided for in s.817.155, F.S.  |
| REQUIRED SIGNATU /s/ Rob Sig This doc I am awa constitut   | JRE:  Sert Macgregor  gnature of a member or an authorized representative of a member.  cument is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  are that any false information submitted in a document to the Department of State   |
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| REQUIRED SIGNATU /s/ Role Sig This doc I am awa constitut  | DRE:  Sert Macgregor  gnature of a member or an authorized representative of a member, sument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, are that any false information submitted in a document to the Department of State es a third degree felony as provided for in s.817.155, F.S.  Robert Macgregor  Typed or printed name of signee  Filing Fees:  |
| REQUIRED SIGNATU /s/ Role Sig This doc I am awa constitut  | BRE: Bert Macgregor  gnature of a member or an authorized representative of a member. Buttern is executed in accordance with section 605.0203 (1) (b), Florida Statutes. Butter that any false information submitted in a document to the Department of State es a third degree felony as provided for in s.817.155, F.S.  Robert Macgregor  Typed or printed name of signee  Filing Fees:  Articles of Organization and Designation of Registered Agent   |
| REQUIRED SIGNATU /s/ Role Sig This doc I am awa constitut  S125.00 Filing Fee for \$ 30.00 Certified Cop   | Bret Macgregor  gnature of a member or an authorized representative of a member.  gument is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  for that any false information submitted in a document to the Department of State  es a third degree felony as provided for in s.817.155, F.S.  Robert Macgregor  Typed or printed name of signee  Filing Fees:  Articles of Organization and Designation of Registered Agent  by (Optional)                                |
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| Signature Signat | Sert Macgregor  gnature of a member or an authorized representative of a member.  gument is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  In the series are that any false information submitted in a document to the Department of State es a third degree felony as provided for in s.817.155, F.S.  Robert Macgregor  Typed or printed name of signee  Filing Fees:  Articles of Organization and Designation of Registered Agent by (Optional)  Status (Optional) |