

**L23000546506**

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.

((H23000415164 3)))



H230004151643ABC

**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 : LYONS & LYONS, P.A.  
Account Number : I20030000061  
Phone : (239)948-1823  
Fax Number : (239)948-1826

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

Email Address: richard.lyons@lyons-law.com

**FLORIDA LIMITED LIABILITY CO.  
5333 MAJESTIC COURT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2023 DEC 11 PM 3:57  
SEC. OF STATE  
TALLAHASSEE, FL

**FILED**

(((H23000415164 3)))

**ARTICLES OF ORGANIZATION  
OF  
5333 MAJESTIC COURT, LLC**

**ARTICLE I – NAME**

The name of the limited liability company is 5333 Majestic Court, LLC, (the "Company").

**ARTICLE II – ADDRESS**

The mailing address and street address of the principal office of the Company is:

Principal Office Address:  
14467 Marsala Way  
Naples, Florida 34109-3233

Mailing Address:  
14467 Marsala Way  
Naples, Florida 34109-3233

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

L&L PARA, Ltd. Co.  
27911 Crown Lake Boulevard, Suite 209  
Bonita Springs, Florida 34135

*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.*

L&L PARA, Ltd. Co. a  
Florida limited liability company

DocuSigned by:  
By: Linda M. Stevens  
Linda Stevens  
Its: Manager

STATE  
SECRETARY  
OFFICE  
TALLAHASSEE, FL

2023 DEC 11 PM 3:57

FILED

(((H23000415164 3)))

(((H23000415164 3)))

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

MGR

Robert A. Malburg  
14467 Marsala Way  
Naples, Florida 34109-3233

REQUIRED SIGNATURE:

DocuSigned by:

*Robert A. Malburg*

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.

Robert A. Malburg

Typed or printed name of signer

FILED  
2023 DEC 11 PM 3:57  
DEPARTMENT OF STATE  
TALLAHASSEE, FL

(((H23000415164 3)))