## 124000126015

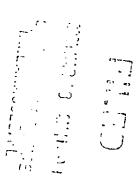
(Reque	stor's Name)
(Addres	ss)
(Addres	ss)
(City/Sta	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ss Entity Name)
(Docum	nent Number)
Certified Copies	Certificates of Status
Special Instructions to Filin	g Officer:

Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:03/	18/2024	_			
Name:	Patrice Rusi	<u>h</u>			
Reference #:	230079	4			
Entity Name:		VILLA SOLE	ADA, LLC		
✓ Articles of	Incorporation/Au	ithorization to Ti	ransact Business		
Amendme	nt				
Change of	Agent				
Reinstaten	nent				
☐ Conversion	n				
☐ Merger					
☐ Dissolution	nWithdrawal				
☐ Fictitious N	Name				
Other				- 10 19	
					entana Estana Estana
Authorized Amou	nt: <b>\$1</b>	25.00	_	7 1 CO	L
Signature:	( ) will	<u> </u>	_		

F: 800.944.6607

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:03/	18/2024		
Name:	Patrice Rush		
Reference #:	2300794	·	
Entity Name:	V	/ILLA SOLEADA, LLC	
✓ Articles of	Incorporation/Aut	horization to Transact Business	
☐ Amendme	nt		
Change of	f Agent		
Reinstater	ment		
☐ Conversio	n		
☐ Merger			
☐ Dissolution	n/Withdrawal		
☐ Fictitious N	Name		= ( )
Other			-
			( - C)
Authorized Amou	int:\$12	25.00	
Signature:	(Part		

F: 800.944.6607

F: +852.2682.9790

## COVER LETTER

	ew Filing Section ivision of Corporations		
SUBJECT	·. Vill	a Soleada, LLC	
50,50,50		imited Liability Company	
The enclos	ed Articles of Organization and fee(s)	are submitted for filing.	
Please retu	rn all correspondence concerning this	matter to the following:	
		Bianca Marcell	
		Name of Person	
	В	arnes & Thornburg LLP Firm/Company	<del></del>
		i una company	
	One No	orth Wacker Drive, Suite 4400 Address	
		•	
		City/State and Zip Code	
	Bia	nca.Marcell@btlaw.com	
-		ed for future annual report notification	(no
For furth <b>e</b> r i	nformation concerning this matter, plea	se call:	
	Bianca Marcell at (	312 ) 214-484	40
	Name of Person	Area Code Daytime Telephone	Number
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (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 of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		oleada, LLC	
(Must co	ontain the words "Limited Liab	ility Company, "L.L	.C.," or "LLC.")
RTICLE II - Address: The mailing address and stree	e address of the principal office	of the Limited Liab	ility Company is:
<u>Princ</u>	cipal Office Address:		Mailing Address:
60-	4 SW 53rd Ter.	_	604 SW 53rd Ter.
Cape	Coral, FL 33914		Cape Coral, FL 33914
	Na	me	
		ency Global Inc. me	
		alhoun Street, Sui	
		O. Box NOT accept	abic)
	Piorida succi address (P.)		
	Tallahassee	Florida	32301
ning been named as registery	Tallahassee City	State	Zip
lace designated in this certifica orther agree to comply with the	Tallahassee  City ed agent and to accept service of ste, I hereby accept the appointn provisions of all statutes relatin obligations of my position as re	State  fprocess for the above the project and the proper and the proper and the gistered agent as pro  M. M	Zip we stated limited liability company ent and agree to act in this capacit complete performance of my duties evided for in Chapter 605, F.S
lace designated in this certifica orther agree to comply with the	Tallahassee  City ed agent and to accept service of ste, I hereby accept the appointn provisions of all statutes relatin obligations of my position as re	State  fprocess for the above nent as registered ag ng to the proper and gistered agent as pro	Zip we stated limited liability company ent and agree to act in this capacit complete performance of my duties evided for in Chapter 605, F.S

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Lars Brennecke, as Trustee of the
	Lars Brennecke Revocable Trust Dated October 26, 2023
	Dated October 26, 2023
AMBR	Lars Brennecke Revocable Trust
	Dated October 26, 2023
	<del></del>
	<del></del>
E V: Effective date, if other than the certive date is listed, the date must be	fate of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9
ective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Departm	e specific and cannot be more than five business days prior to or 9 ot meet the applicable statutory filing requirements, this date will no
LE V: Effective date, if other than the dective date is listed, the date must be of filing.)  I the date inserted in this block does not ment's effective date on the Departm	e specific and cannot be more than five business days prior to or 9 of meet the applicable statutory filing requirements, this date will neent of State's records.
EV: Effective date, if other than the dective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm. EVI: Other provisions, if any.  REOUTRED SIGNATURE:	e specific and cannot be more than five business days prior to or 9 ot meet the applicable statutory filing requirements, this date will neent of State's records.
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E V: Effective date, if other than the decretive date is listed, the date must be of filing.) the date inserted in this block does nonent's effective date on the Departm  E VI: Other provisions, if any.  REOUTED SIGNATURE:  Signature of a This document is ex I am aware that any if	e specific and cannot be more than five business days prior to or 9 ot meet the applicable statutory filing requirements, this date will neent of State's records.  I member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes false information submitted in a document to the Department of State
E V: Effective date, if other than the decrive date is listed, the date must be of filing.) the date inserted in this block does no ment's effective date on the Departm  E VI: Other provisions, if any.  REOUTED SIGNATURE:  Signature of a This document is ex I am aware that any if	ot meet the applicable statutory filing requirements, this date will neent of State's records.  I member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.  Lars Brennecke
E V: Effective date, if other than the decrive date is listed, the date must be of filing.) the date inserted in this block does no ment's effective date on the Departm  E VI: Other provisions, if any.  REOUTED SIGNATURE:  Signature of a This document is ex I am aware that any if	ot meet the applicable statutory filing requirements, this date will neent of State's records.  I member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.  Lars Brennecke
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E V: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not seffective date on the Departm  E VI: Other provisions, if any.  REOUTRED SIGNATURE:  Signature of a This document is extlam aware that any if constitutes a third de	e specific and cannot be more than five business days prior to or 9 of meet the applicable statutory filing requirements, this date will no ent of State's records.  I member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.  Lars Brennecke  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent