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Florida Department of State
Division of Corporations
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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: henrik1239@gmail.com

**FLORIDA LIMITED LIABILITY CO.
18109 DORAL DRIVE, LLC**

Certificate of Status	0
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ARTICLES OF ORGANIZATION
OF
18109 DORAL DRIVE, LLC

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ARTICLE I – NAME

CLERK, TALLAHASSEE, FLORIDA

The name of the limited liability company is 18109 DORAL DRIVE, LLC, (the "Company").

ARTICLE II – ADDRESS

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

Principal Office Address:
15200 Sweetwater Court
Fort Myers, Florida 33912

Mailing Address:
15200 Sweetwater Court
Fort Myers, Florida 33912

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

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

Henrik K. Romer
15200 Sweetwater Court
Fort Myers, Florida 33912

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.

DocuSigned by:



Henrik K. Romer

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

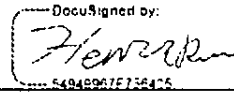
"AMBR" = Authorized Member

Name and Address:

MGR

Henrik K. Romer
15200 Sweetwater Court
Fort Myers, Florida 33912

REQUIRED SIGNATURE:

DocuSigned by:

54940901F736475

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.

Henrik K. Romer

Typed or printed name of signee

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