

L24000149303
Division of Corporations
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.

((H24000117288 3))



H240001172883ABC0

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: henrikf1239@gmail.com

**FLORIDA LIMITED LIABILITY CO.
18102 DORAL DRIVE, LLC**

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

Division of Corporations
TALLAHASSEE, FLORIDA

2024 APR -1 AM 9:06

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

((H24000117288 3)))

ARTICLES OF ORGANIZATION
OF
18102 DORAL DRIVE, LLC

ARTICLE I - NAME

The name of the limited liability company is 18102 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

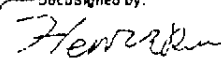
FILED
2024 APR - 1 AM 9: 06
TALLAHASSEE, FLORIDA

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:

549409677759405

Henrik K. Romer

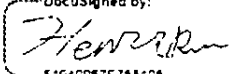
((H124000117288 3)))

ARTICLE IV - MANAGERS OR MEMBERS

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

<u>Title:</u> "MGR" = Manager "AMBR" = Authorized Member	<u>Name and Address:</u> MGR Henrik K. Romer 15200 Sweetwater Court Fort Myers, Florida 33912
--	---

REQUIRED SIGNATURE:

DocuSigned by:

546460675758-04

 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

FILED
 2024 APR - 1 AM 9:06
 TALLAHASSEE, FLORIDA