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ALLAHASSEF COL

RECEIVED

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 04/08/24 Order #: 1471954-1

Re: 9200 Daniels Pkwy, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:

12000000195 ~

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: New Filing Section Division of Corporations			
9200 Daniels Pkwy, LLC SUBJECT:			
	Name of Limited Liab	ility Company	
The enclosed Articles of Organization a	and fee(s) are submitte	ed for filing.	
Please return all correspondence concer	ming this matter to the	following:	
Brian A. Cordero			
	Name o	of Person	
Woods Weidenmiller, Mich	hetti & Rudnick, LLP		
	Firm/C	Company	
9045 Strada Stell Court, 4th	h Floor		
	Ado	iress	
Naples, FL 34109			
bcordero@lawfirmnaples.co	•	and Zip Code	
		annual report notification)	
For further information concerning this n	natter, please call:		Walter House
Brian A. Cordero	239 _at (325-4070)	25 25
Name of Person Enclosed is a check for the following ar	Area Code	Daytime Telephone Numl	PH 2: 57
□\$125.00 Filing Fee □\$130.00 F Certificate o	Filing Fee & = \$1 of Status Certi	fied Copy Ce onal copy is enclosed) Ce	\$160.00 Filing Fee, ortificate of Status & rtified Copy (tional copy is enclosed)
Mailing Address New Filing Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231		Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	c 810

ARTICLE I - Name: The name of the Limited Liability	y Company is:			
9200 Daniels Pkwy, I				
(Must conta	in the words "Limited L	iability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ac	dress of the principal of	fice of the Limite	d Liability Company is:	
<u>Principa</u>	Principal Office Address:		Mailing Address:	
10633 Gulf Shore Drive, 3S, Naples Fl 34108			10633 Gulf Shore Drive, 3S, Naples Fl 3410	
ARTICLE III - Registered Age The Limited Liability Company	nt, Registered Office, ಕ cannot serve as its own l	& Registered Ag		
ARTICLE III - Registered Age The Limited Liability Company mother business entity with an a	nt, Registered Office, & cannot serve as its own I ctive Florida registration	& Registered Agent	ent's Signature:	
ARTICLE III - Registered Age The Limited Liability Company mother business entity with an a	nt, Registered Office, & cannot serve as its own I ctive Florida registration	& Registered Agent agent are:	ent's Signature:	
ARTICLE III - Registered Age The Limited Liability Company mother business entity with an a	nt, Registered Office, & cannot serve as its own I ctive Florida registration address of the registered	& Registered Agent agent are:	ent's Signature:	
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a	nt, Registered Office, & cannot serve as its own I ctive Florida registration address of the registered	Registered Agent agent are: ent, LLC Name	ent's Signature:	
ARTICLE III - Registered Age	nt, Registered Office, & cannot serve as its own I ctive Florida registration address of the registered WWMR Statutory Ag	Registered Agent agent are: ent, LLC Name rt, 4th Floor	ent's Signature: You must designate an individual or	
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a	nt, Registered Office, & cannot serve as its own I ctive Florida registration address of the registered WWMR Statutory Ag	Registered Agent agent are: ent, LLC Name rt, 4th Floor	ent's Signature: You must designate an individual or	

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

• • • • • • • • •

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

<u>Title:</u> "AMBR" = Auti	norized Member	Name and Address:		
"MGR" = Mana	ger			
MGR		D. Gordon Quinton 10633 Gulf Shore Drive, 3S, Naples Fl 3	4108	
				
·				
				
(Use attachment	if nacaceary)			
If an effective date is list he date of filing.) Note: If the date inserted the document's effective	ed, the date must be spe I in this block does not m date on the Department o	of filing: cific and cannot be more than five business eet the applicable statutory filing requirement of State's records.	days prior to or 90 days a	
ARTICLE VI: Other prov	risions, if any.			
REOUIRED SI	GNATURE:	DocuSigned by:	2004 6 11 1	
	Signature of a me	W. Gordon Guinton mber 1850 2010 2010 1010 1010 1010 1010 1010 10	member.	
	This document is execute I am aware that any false	ed in accordance with section 605.0203 (1) (binformation submitted in a document to the Efelony as provided for in s.817.155, F.S.	o), Florida Statutes. 📥	
	D. Gordon Quinto	n Typed or printed name of signee	2: 59 2: 59 3: 59	J
		Par P	m io	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

CSC FIN-47598