

L24000165718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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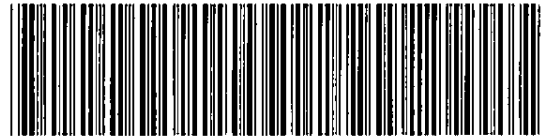
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 327 CONNERS LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARLENE F. AUSTIN, ESQ.  
Name of Person  
ARLENE F. AUSTIN, P.A.  
Firm/Company  
6312 TRAIL BLVD.  
Address  
NAPLES, FL 34108  
City/State and Zip Code  
afaustin@afaustinpa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arlene F. Austin                      239                      514-8211  
Name of Person                      at (                      )                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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DIVISION OF CORPORATIONS  
STATE OF FLORIDA  
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**ARTICLES OF ORGANIZATION  
OF  
327 CONNERS LLC**

**ARTICLE I – NAME**

The name of the limited liability company is 327 Connors L.L.C ("company").

**ARTICLE II – ADDRESS**

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

Principal Office Address:  
41 Center Street  
Naples, Florida 34108

Mailing Address:  
41 Center Street  
Naples, Florida 34108

**ARTICLE III — PURPOSE**


The purpose for the Limited Liability Company shall be to own and manage a real property business and to engage in the transaction of any and all business activities permitted under the laws of Florida and the United States of America.

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

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

Arlene F. Austin, PA  
6312 Trail Blvd.  
Naples, Florida 34108

*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.*

  
\_\_\_\_\_  
Arlene F. Austin PA  
By: Arlene F. Austin, Esq.

ARTICLE V - MANAGERS OR MEMBERS

The LLC shall be managed by the authorized Members. In a member-managed limited liability company, the management and conduct of the company are vested in the members, except as expressly provided in this chapter.

5.1 A member is not entitled to remuneration for services performed for a member-managed limited liability company, except for reasonable compensation for services rendered in winding up the activities and affairs of the company, in the absence of an agreement to the contrary.

5.2 A limited liability company shall reimburse a member for an advance to the company beyond the amount of capital the member agreed to contribute.

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

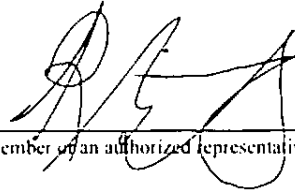
<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"AMBR" = Authorized Member	
AMBR	Roxanne M. Steinmetz 41 Center St Naples, FL 34108
AMBR	Lori J. Vail 829 - 95th Ave North Naples, FL 34108

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TALLAHASSEE, FLORIDA

ARTICLE VI - EFFECTIVE DATE

The effective date of the company shall be April 1, 2024.

REQUIRED SIGNATURES:

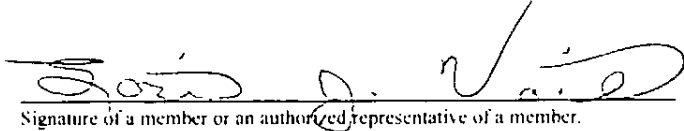


\_\_\_\_\_  
Signature of a member or an authorized representative of a member

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.

Roxanne M. Steinmetz

\_\_\_\_\_  
Typed or printed name of signee



\_\_\_\_\_  
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.

Lori J. Vail

\_\_\_\_\_  
Typed or printed name of signee

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