

L2400 212131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

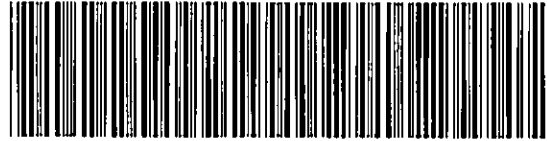
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### COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** DONNA STREET HOLDINGS, 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:

Todd Rosenthal

Name of Person

Firm/Company

1250 AIRPORT PULLING ROAD SOUTH

Address

NAPLES, FL 34104

City/State and Zip Code

todd@naplesmotorsports.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd Rosenthal 239 430-5655  
Name of Person at Area Code 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

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DONNA STREET HOLDINGS, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

1250 AIRPORT PULLING ROAD SOUTH  
NAPLES, FL 34104

**Mailing Address:**

1250 AIRPORT PULLING ROAD SOUTH  
NAPLES, FL 34104

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Christopher R. O'Brien, Esq.

Name

2180 Immokalee Road, Suite 212

Florida street address (P.O. Box **NOT** acceptable)

Naples

FL

34110

City

State

Zip

*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:

Christopher R. O'Brien

15AED941752F Registered Agent's Signature (REQUIRED)

(CONTINUED)

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