(FAX)

(((H24000182525 3)))



H240001825253ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THE 1031 EXCHANGE CONNECTION INC.

Account Number : I20220000045

Phone : (239)659-1031

Fax Number

\*\*Enter the email address for this business entity to be used for rost annual report mailings. Enter only one email address please. \*\*\*

Cood 1	Address:			
Email.	Address:			

FLO	RIDA LIMITED LIABILITY CO
;;	CAPE ROMAN, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

2024 HAY 22

Electronic Filing Menu

Corporate Filing Menu

Help

	lew Filing Section Division of Corporations	•	_
SUBJECT	CAPE ROMAN, LLC	:	:
SUBJEC		of Limited Liability Company	<del></del>
The enclos	sed Articles of Organization and fe	: co(s) are submitted for filing.	•
Please rett	urn all correspondence concerning	this matter to the following:	:
	NACE COHEN	•	
		Name of Person	
	THE 1031 EXCHANGE CONN	ECTION, INC.	
		Firm/Company	
	9400 FOUNTAIN MEDICAL C	COURT, SUITE B-100	
		. Address	
	BONITA SPRINGS, FL 34135		
	NACE@1031CONNECTION.CO	City/State and Zip Code OM	
	E-mail address: (to b	ne used for future annual report notifica	ition)
For further	information concerning this matter	, please call:	
	NACE COHEN	239 659-1031 at ( )	
	Name of Person	. Area Code Daytime Telepho	ne Number
Enclosed	is a check for the following amoun	t: .	·
□ <b>\$</b> 125.0	0 Filing Fee		□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address	Street Address	

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	•		
CAPE ROMAN, LLC			
(Must contain	the words "Limited L	iability Compa	any, "L.L.C.," or "LLC.")
RTICLE IJ - Address: he mailing address and street addre	ess of the principal of	fice of the Lim	nited Liability Company is:
Principal C	Office Address:	:	Muiling Address:
9400 FOUNTAIN MED	ICAL CT		SAME
	TOTIL OI		D1 11/11/
SUITE B-100			,
SUITE B-100  80NITA SPRINGS, FL  RTICLE III - Registered Agent, The Limited Liability Company can	Registered Office, 6	Registered /	
SUITE B-100  BONITA SPRINGS, FL  RTICLE III - Registered Agent, The Limited Liability Company can nother business entity with an activ	Registered Office, & anot serve as its own for Florida registration	k Registered Age	Agent's Signature:
SUITE B-100  BONITA SPRINGS, FL  RTICLE III - Registered Agent, The Limited Liability Company can nother business entity with an activ the name and the Florida street add	Registered Office, & anot serve as its own for Florida registration	k Registered Age	Agent's Signature:
SUITE B-100  80NITA SPRINGS, FL  RTICLE III - Registered Agent, The Limited Liability Company can nother business entity with an activ the name and the Florida street add	Registered Office, & anot serve as its own I we Florida registration ress of the registered	k Registered Age	Agent's Signature:
SUITE B-100  BONITA SPRINGS, FL  RTICLE III - Registered Agent, The Limited Liability Company can nother business entity with an activ the name and the Florida street addi	Registered Office, & anot serve as its own I we Florida registration ress of the registered	Registered Age (Age) (Ag	Agent's Signature: ent. You must designate an individual or
SUITE B-100  BONITA SPRINGS, FL  RTICLE III - Registered Agent, The Limited Liability Company can nother business entity with an activ the name and the Florida street addi	Registered Office, & not serve as its own for Florida registration ress of the registered of the regis	Registered Age (Age) (Ag	Agent's Signature: ent, You must designate an individual or
SUITE B-100  BONITA SPRINGS, FL  RTICLE III - Registered Agent, The Limited Liability Company can nother business entity with an activ the name and the Florida street add  F	Registered Office, & inot serve as its own for Florida registration ress of the registered FLEATCO HOLDING	Registered Age (Age) (Ag	Agent's Signature: ent, You must designate an individual or

Playing 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...

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	•
AMBR	FLEATCO HOLDINGS LLC
A.VIBR	9400 FOUNTAIN MEDICAL CT, STE 8-100
	BONITA SPRINGS, FL 34135
MGR	NACE COHEN, CPA
· · · · · · · · · · · · · · · · · · ·	9400 FOUNTAIN MEDICAL CT, STE B-100
•	BONITA SPRINGS, FL 34135
MGR	MICHAEL ELORANTO
MOR	9400 FOUNTAIN MEDICAL CT, STE B-100
•	BONITA SPRINGS, FL 34135
	•
MGR	STEPHEN M. SARTSCHEV
	20951 BELHAVEN PL
• •	STRONGSVILLE, QH 44149
· ·	
E V: Effective date, if other than the	date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 day
EV: Effective date, if other than the ective date is listed, the date must hof filling.) The date inserted in this block does	be specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the ective date is listed, the date must holf filling.)  'the date inserted in this block does ment's effective date on the Departr EVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the ective date is listed, the date must holf filling.)  'the date inserted in this block does ment's effective date on the Departr EVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the ective date is listed, the date must hof filling.)  The date inserted in this block does ment's effective date on the Department. EVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the ective date is listed, the date must holf filling.)  'the date inserted in this block does ment's effective date on the Departr EVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the ective date is listed, the date must half filling.)  the date inserted in this block does ment's effective date on the Department.  EVI: Other provisions, if any STATE INVESTMENT.	be specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the ective date is listed, the date must half filling.) the date inserted in this block does ment's effective date on the Department of the	be specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be ment of State's records.
ective date is listed, the date must holf filing.) If the date inserted in this block does ment's effective date on the Department's Other provisions, if any. STATE INVESTMENT.  REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be ment of State's records.
EV: Effective date, if other than the sective date is listed, the date must hof filling.) The date inserted in this block does ment's effective date on the Department. EVI: Other provisions, if any. STATE INVESTMENT.  REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be ment of State's records.  Ada Cohaman and an authorized representative of a member.
EV: Effective date, if other than the ective date is listed, the date must be filling.)  The date inserted in this block does ment's effective date on the Department's effective date on the Department in the Investment.  EVI: Other provisions, if any.  STATE INVESTMENT.  Signature of This document is e	not meet the applicable statutory filing requirements, this date will not be ment of State's records.  Augustian and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be ment of State's records.  Augustian accordance with section 605.0203 (1) (b), Florida Statutes.
EV: Effective date, if other than the ective date is listed, the date must half filling.)  The date inserted in this block does ment's effective date on the Department's effective date on the Department's EVI: Other provisions, if any STATE INVESTMENT.  REQUIRED SIGNATURE:  Signature of This document is e I am aware that any	not meet the applicable statutory filing requirements, this date will not be ment of State's records.  Adam Colombia and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be ment of State's records.  A member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes. In false information submitted in a document to the Department of State
E V: Effective date, if other than the setive date is listed, the date must he filling.) the date inserted in this block does ment's effective date on the Departr E VI: Other provisions, if any STATE INVESTMENT.  REQUIRED SIGNATURE:  Signature of This document is e I am aware that any	not meet the applicable statutory filing requirements, this date will not be ment of State's records.  Augustian and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be ment of State's records.  Augustian accordance with section 605.0203 (1) (b), Florida Statutes.
E V: Effective date, if other than the ective date is listed, the date must holf filing.)  the date inserted in this block does ment's effective date on the Departr E VI: Other provisions, if any. STATE INVESTMENT.  REQUIRED SIGNATURE:  Signature of This document is e I am aware that any constitutes a third departs.	not meet the applicable statutory filing requirements, this date will not be ment of State's records.  A member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. If false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.
E V: Effective date, if other than the ective date is listed, the date must holf filling.)  'the date inserted in this block does ment's effective date on the Departr E VI: Other provisions, if any. STATE INVESTMENT.  REQUIRED SIGNATURE:  Signature of This document is e I am aware that any	not meet the applicable statutory filing requirements, this date will not be ment of State's records.  Amember or an authorized representative of a member. xecuted in accordance with section:605.0203 (1) (b), Florida Statutes. In false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.
E V: Effective date, if other than the ective date is listed, the date must he of filing.)  The date inserted in this block does ment's effective date on the Departre E VI: Other provisions, if any.  STATE INVESTMENT.  Signature of This document is e I am aware that any constitutes a third downer.	not meet the applicable statutory filing requirements, this date will not be ment of State's records.  A member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. If false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.

5 5.00 Certificate of Status (Optional)

<u> Title:</u>			Name and Address:
	Authorized Mem	her	SHIP IN A TOWN ESSE
'MGR" = M			
•	anagei ;		;
<u>MGR</u>			THERESA SARTSCHEV
			POST BELHAVEN PL STRONGSVILLE, OH 44149
		ي.	STRONGSVILLE, OH 44149
	•		·
	1 .	·	
-	., .,	: -	
	•		
		:	
		_	
•			
<del></del>	<del></del>	_	· · · · · · · · · · · · · · · · · · ·
•		· -	
	•	٠ . –	
EV: Effecti ective date is		han the date of fil	ing: (OPTIONAL) and cannot be more than five business days prior to o
E V: Effection of the control of the	ve date, if other the listed, the date	han the date of fill must be specific	and cannot be more than five business days prior to on the applicable statutory filing requirements, this date will
EV: Effective date is filing.) the date insenent's effect	ve date, if other the listed, the date	han the date of fil must be specific k does not meet t Department of Sta	and cannot be more than five business days prior to on the applicable statutory filing requirements, this date will
EV: Effective date is filing.) the date insenent's effect	ve date, if other the listed, the date on the Live date on the Eprovisions, if any	han the date of fil must be specific k does not meet t Department of Sta	and cannot be more than five business days prior to on the applicable statutory filing requirements, this date will
E V: Effective date is filling.) the date insement's effect E VI: Other is TATE INV	ve date, if other the listed, the date on the Live date on the Eprovisions, if any	han the date of fil must be specific k does not meet t Department of Su	and cannot be more than five business days prior to one he applicable statutory filing requirements, this date will ate's records.
E V: Effective date is filling.) the date insenent's effect E VI: Other:	ve date, if other the listed, the date arted in this block live date on the Exprovisions, if any ESTMENT.	han the date of fil must be specific k does not meet to Department of Sta	and cannot be more than five business days prior to one applicable statutory filing requirements, this date will ate's records.
E V: Effective date is filling.) the date insenent's effect E VI: Other:	ve date, if other the listed, the date ented in this block ive date on the Exprovisions, if any ESTMENT.  SIGNATURE  Signat This docume I am aware the	han the date of fil must be specific k does not meet to Department of State ure of a member that is executed in that any false info	he applicable statutory filing requirements, this date will ate's records.  To r an authorized representative of a member.  accordance with section 605.0203 (1) (b), Florida Staturmation submitted in a document to the Department of S
E V: Effective date is filling.) the date insenent's effect E VI: Other:	ve date, if other the listed, the date ented in this block ive date on the Exprovisions, if any ESTMENT.  SIGNATURE  Signat This docume I am aware the	han the date of fil must be specific k does not meet to Department of State ure of a member that is executed in that any false info	and cannot be more than five business days prior to one applicable statutory filing requirements, this date will ate's records.  Tor an authorized representative of a member.  A accordance with section 605.0203 (1) (b), Florida Statu
E V: Effective date is filling.) the date insenent's effect E VI: Other:	ve date, if other the listed, the date ented in this block ive date on the Exprovisions, if any ESTMENT.  SIGNATURE  Signat This docume I am aware the	han the date of filmust be specific k does not meet to Department of State ure of a member to sexecuted in that any false info third degree felo E COHEN	he applicable statutory filing requirements, this date will ate's records.  To ran authorized representative of a member. I accordance with section 605.0203 (1) (b), Florida Staturmation submitted in a document to the Department of S ny as provided for in \$,817.155, F.S.
E V: Effective date is filling.) the date insenent's effect E VI: Other:	ve date, if other the listed, the date ented in this block ive date on the Exprovisions, if any ESTMENT.  SIGNATURE  Signat This docume I am aware the	han the date of filmust be specific k does not meet to Department of State ure of a member to sexecuted in that any false info third degree felo E COHEN	he applicable statutory filing requirements, this date will ate's records.  To r an authorized representative of a member.  accordance with section 605.0203 (1) (b), Florida Staturmation submitted in a document to the Department of S
E V: Effective date is filling.) the date insenent's effect E VI: Other:	ve date, if other the listed, the date ented in this block ive date on the Extra convisions, if any ESTMENT.  SIGNATURE  Signat This docume I am aware the	han the date of filmust be specific k does not meet to Department of State ure of a member to sexecuted in that any false info third degree felo E COHEN	he applicable statutory filing requirements, this date will ate's records.  To ran authorized representative of a member. I accordance with section 605.0203 (1) (b), Florida Staturmation submitted in a document to the Department of S ny as provided for in \$,817.155, F.S.
EV: Effective date is filling.) the date inserent's effect EVI: Other TATE INV	ve date, if other the listed, the date ented in this block ive date on the I provisions, if any ESTMENT.  SIGNATURE  Signat This docume I am aware the constitutes a	han the date of filmust be specific k does not meet to Department of State ure of a member to sexecuted in that any false info third degree felo E COHEN Ty	he applicable statutory filing requirements, this date will ate's records.  To ran authorized representative of a member. I accordance with section 605.0203 (1) (b), Florida Staturmation submitted in a document to the Department of S ny as provided for in \$,817.155, F.S.