

Florida Department of State
Division of Corporations
Electronic Filing System

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To: 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 : (239)228-7604

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
CAPE ROMAN, LLC

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

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CAPE ROMAN, 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:

NACE COHEN

Name of Person

THE 1031 EXCHANGE CONNECTION, INC.

Firm/Company

9400 FOUNTAIN MEDICAL COURT, SUITE B-100

Address

BONITA SPRINGS, FL 34135

City/State and Zip Code

NACE@1031CONNECTION.COM

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

For further information concerning this matter, please call:

NACE COHEN 239 659-1031
at ()
Name of Person 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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED
2024 MAY 22 PM 3:16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAPE ROMAN, 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:Mailing Address:9400 FOUNTAIN MEDICAL CTSAMESUITE B-100BONITA SPRINGS, FL 34135

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:

FLEATCO HOLDINGS LLC

Name

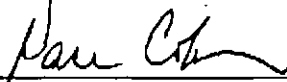
9400 FOUNTAIN MEDICAL CT, STE B-100Florida street address (P.O. Box NOT acceptable)BONITA SPRINGSFL34135

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member


"MGR" = Manager

Name and Address:AMBRFLEATCO HOLDINGS LLC
9400 FOUNTAIN MEDICAL CT, STE B-100
BONITA SPRINGS, FL 34135MGRNACE COHEN, CPA
9400 FOUNTAIN MEDICAL CT, STE B-100
BONITA SPRINGS, FL 34135MGRMICHAEL ELORANTO
9400 FOUNTAIN MEDICAL CT, STE B-100
BONITA SPRINGS, FL 34135MGRSTEPHEN M. SARTSCHEV
20951 BELHAVEN PL
STRONGSVILLE, OH 44149

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.REAL ESTATE INVESTMENT.**REQUIRED SIGNATURE:**

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.NACE COHEN_____
Typed or printed name of signer**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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

THERESA SARTSCHEV
20951 BELHAVEN PL
STRONGSVILLE, OH 44149

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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 Signature of a member or an authorized representative of a member.

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NACE COHEN

 Typed or printed name of signee

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)