# L24000232886

(Requestor's Name)
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PICK-UP WAIT MAIL
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400428481724

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: 05/29/24 · Order #: 1519683-1 Re: Itec I II Realty, 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:

120000000195 7 AUTH 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**

	Sew Filing Sec Division of Co					
SUBJECT	Itec I II Re					
SUDJEC	1:	N:	ame of Lim	nited Liabili	ty Company	
The enclos	sed Articles of	Organization an	d fee(s) are	e submitted	for filing.	
Please reti	am all correspo	ondence concern	ing this ma	itter to the f	ollowing:	
	Samuel F. C	olburn, Esq.				
				Name of	Person	
	Woods, We	denmiller, Mich	etti & Rud	nick, LLP		
				Firm/Co	nipany	
	9045 Strada	Stell Court, Suit	e 400			
				Addre	ess	
	Naples, FL	34109				
				ity/State and	l Zip Code	· · · · · · · · · · · · · · · · · · ·
		vfirmnaples.com		C C		:>
					nnual report notificat	10n)
For further	information co	ncerning this ma	tter, please	e call:		
	Samuel Colburn		23 at (	89	325-4070	
	Nan	e of Person		rea Code	Daytime Telephor	ne Number
Enclosed i	is a check for t	he following amo	ount:			
		■\$130.00 Fil Certificate of		Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailie	4			Stuant Adduson	

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability (	Company is:					
The name of the Emilied Emoting (	20111/20113 13.					
Itec I II Realty, LLC						
	the words "Limited	Liability Com	npany, "L.L.C" or "LLC.")			
ARTICLE II - Address: The mailing address and street address	ess of the principal o	ffice of the L	imited Liability Company is:			
<u>Principal</u>	Office Address:		Mailing Address:			
c/o Woods, Weidenmil 9045 Strada Stell Court		ick LI	c/o Adam Dulberg, Rothbard & Sinchuk,I. 2631 Merrick Rd. Suite 404			
Naples, FL 34109			Bellmore, NY 11710			
another business entity with an act The name and the Florida street add	ve Florida registratio	on.) agent are:	agent. You must designate an individual or			
	9045 Strada Stell Court. 4th Floor					
	Florida street address (P.O. Box NOT acceptable)					
_	Naples	FL	34109			
	City	State	Zip			
place designated in this certificate, I h further agree to comply with the prov	nereby accept the app isions of all statutes re ations of my position	ointment as re elating to the as pugistered	for the above stated limited liability company at the egistered agent and agree to act in this capacity. It proper and complete performance of my duties, an agent as provided for in Chaptor 605, F.S  Signature (REQUIRED)			

# ARTICLE IV-

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

$\frac{\text{Title:}}{\text{"AMRR"}} = \lambda 1$	Name and Address: uthorized Member	
"MGR" = Mai		
<u>MGR</u>	Robert Linekin c/o Woods, Weidenmiller, Michetti & Rudnick LLP 9045 Strada Stell Court, Suite 400, Naples, FL 34109	<u> </u>
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(Use attachme	nt if necessary)	
ocument's effectiv	ed in this block does not meet the applicable statutory filing requirements, this date will ne date on the Department of State's records.	ot be list
ICLE VI: Other pr	ovisions, if any.	
REOUIRED S	SIGNATURE: ODocuSigned by:	
	Robert Linckin	_
	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.	
	Robert Linekin  Typed or printed name of signee	
	Typed of printed name of signee	
A	Filing Fees:	~:
	ng Fee for Articles of Organization and Designation of Registered Agent tified Copy (Optional)	2fiz4
	tificate of Status (Ontional) FIN-51835	<u>-</u>