

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L24000236393  
FILED 8:00 AM  
May 21, 2024  
Sec. Of State  
fjeggleston

**Article I**

The name of the Limited Liability Company is:

QUAD 400 LLC

**Article II**

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

1935 SNOOK DRIVE  
NAPLES, FL. US 34102

The mailing address of the Limited Liability Company is:

1935 SNOOK DRIVE  
NAPLES, FL. US 34102

**Article III**

Other provisions, if any:

ANY AND ALL LAWFUL PURPOSE

**Article IV**

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

KEVIN THOMAS  
1935 SNOOK DRIVE  
NAPLES, FL. 34102

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.

Registered Agent Signature: KEVIN THOMAS

## Article V

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
KEVIN THOMAS  
1935 SNOOK DRIVE  
NAPLES, FL. 34102 US

Title: AMBR  
JENNIFER THOMAS  
1935 SNOOK DRIVE  
NAPLES, FL. 34102 US

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## Article VI

The effective date for this Limited Liability Company shall be:

05/21/2024

Signature of member or an authorized representative

Electronic Signature: CHRIS CONA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.