

L24000247238

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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CLERK OF STATE
TALLAHASSEE, FL



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 06/05/24
Order #: 1525400-1
Re: VOLCANO MOUNTAIN GOLF, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: ~~\$125.00~~ - FL State Account Number:

120000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

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130.00
Shauna Godbolt
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: VOLCANO MOUNTAIN GOLF, 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:

Samuel F. Colburn, Esq.
Name of Person
Woods, Weidenmiller, Michetti & Rudnick, LLP
Firm/Company
9045 Strada Stell Court, Suite 400
Address
Naples, FL 34109
City/State and Zip Code
scolburn@lawfirmnaples.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel Colburn at (239) 325-4070
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

2024 JUN -5 AM 9:47
TALLAHASSEE, FL
DIVISION OF STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VOLCANO MOUNTAIN GOLF, 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>9001 Sage Avenue</u>	<u>9001 Sage Avenue</u>
<u>Naples, FL 34120</u>	<u>Naples, FL 34120</u>

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:

<u>Claire Sweeney-Smith</u>		
Name		
<u>1029 Barcarmil Way</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>Naples</u>	<u>FL</u>	<u>34110</u>
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:
Claire Sweeney-Smith
C712BBA1CE0B41C
Registered Agent's Signature (REQUIRED)

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2024 JUN - 7 AM 9:47
CLERK OF DISTRICT COURT
STATE OF FLORIDA

(CONTINUED)

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NAE)
or to or 90 days after
ate will not be listed as