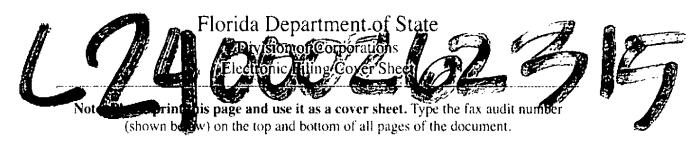
Division of Corporations



(((H24000204323 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 : (561)214-8442 Fax Number

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

Email	Address:			 	
	_				

FLORIDA LIMITED LIABILITY CO.

15226 Cortona, LLC

Certificate of Status	0
Certified Copy	ı
Page Count	03
Estimated Charge	\$155.00

→ 18506176381

pg 2 of 3

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	The state of the s
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
15226 Cortona, 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:
The name address and street address of the principal office of	and Estimated Endofrity Company is.
Principal Office Address:	Mailing Address:
15226 Cortona Way	48 Henning Drive
Naples, Florida 34120	Orchard Park, New York 14127
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Registe	
another business entity with an active Florida registration.)	
	re:
another business entity with an active Florida registration.)	

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..

Florida street address (P.O. Box NOT acceptable)

801 US Highway 1

North Palm Beach

City

Tasha Edwards, Special Secreatary
Registered Agent's Signature (REQUIRED)

Florida

State

33408

Zip

(CONTINUED)

SECRETARY OF STAI

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DT	101	4.	13.7	

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

Title:	Name and Address:					
"AMBR" = Authorized Member						
"MGR" = Manager						
AMBR	Joseph Pici					
	48 Henning Drive Orchard Park, New York 14127					
	Olchaid Fark, 196W TOLK 19127					
	<u> </u>					
(Use attachment if necessary)						
(If an effective date is listed, the date must be the date of filing.)	late of filing: 07/01/2024 (OPTIONAL) especific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.					
ARTICLE VI: Other provisions, if any.						
ARTICLE VI. Other provisions, it any.						
REQUIRED SIGNATURE:	cusigned by. Left Pici Deepscacafroa					
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.					
constitutes a third de	gree reiony as provided for in 8.617.155, r.s.					
tosanh Disi						

Typed or printed name of signee