

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((11240002231183)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : N3 LAW PLLC Account Number : I20200000122 : (239)920-5228

: (239)920-5289 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: derekcarlson@mvprealty.net

FLORIDA LIMITED LIABILITY CO. ROG MVP Bonita Estero LLC

Certificate of Status	()
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

(((H24000223118 3)))

ARTICLES OF ORGANIZATION OF ROG MVP BONITA ESTERO LLC

ARTICLE I - NAME

The name of the limited liability company <u>ROG MVP BONITA ESTERO LLC</u> (the "company").

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>

9990 COCONUT RD 9990 COCONUT RD BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

NJ Law PLLC 3411 Tamiami Trail N., Ste. 100 Naples, Florida 34103

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. Thereby 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, E.S.



(((H24000223118 3)))

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

DEREK CARLSON 1495 PINE RIDGE RD STE 1 NAPLES, FL 34109

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. Lam 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.

Nabil Joseph, Esq., Authorized Representative
Typed or printed name of signee

