

L240W 300886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

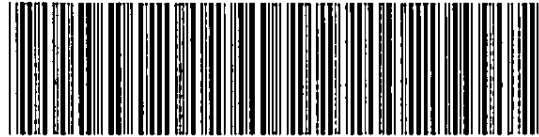
(Document Number)

Certified Copies \_\_\_\_\_

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2024 JUL -9 AM 11:29



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

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext:  
Date: 07/09/24  
Order #: 1551262-1  
Re: Mangrove Islands Fountain, 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:

I20000000195

AUTH

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the word "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.

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Mangrove Islands Fountain, 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:

Brian A. Cordero  
Name of Person  
Woods Weidenmiller Michetti & Rudnick, LLP  
Firm/Company  
9045 Strada Stell Court, 4th Floor  
Address  
Naples, FL 34109  
City/State and Zip Code  
rob@ipcnaples.com  
E-mail address: (to be used for future annual report notification)

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OFFICE OF THE CLERK  
STATE OF FLORIDA  
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Brian A. Cordero 239 325-4070  
Name of Person at ( ) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mangrove Islands Fountain, 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:

Principal Office Address:

Mailing Address:

3838 Tamiami Trail North, suite 402

Naples, FL 34103

3838 Tamiami Trail North, suite 402

Naples, FL 34103

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:

Robert Carroll

Name

3838 Tamiami Trail North, Suite 402

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

Naples, FL 34103

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:

Robert Carroll

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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