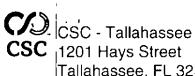
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Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 07/29/24 Order #: 1578161-2

Re: VOLCANO MOUNTAIN GOLF ICE CREAM, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$130.00 - FL State Account Number:

120000000195

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.

COVER LETTER

	New Filing Sec Division of Co							
SUBJEC		O MOUNTAIN C	OLF ICE	CREAM,	LLC			
SOBJEC		Na	ne of Limi	ited Liabil	ity Company	· · · · · ·		
The enclo	osed Articles of	Organization and	fee(s) are	submitted	for filing.			
Please ret	um all correspo	ondence concernir	ıg this mat	ter to the	following:			
	Brian A. Co	rdero, Esq.						
				Name of	`Person			_
	Woods, Wei	denmiller, Miche	tti & Rudn	iick, LLP				
				Firm/Co	ompany			- 2
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	Naples, FL 3	34109					:	AH.
	bcordero@lav	wfirmnaples.com	Cit	ty/State an	d Zip Code		17.1	-ئ ئ
1	1	E-mail address: (to	be used f	for future a	annual report notifica	tion)		_~
For further	information co	ncerning this mat	er, please	call:				
	Brian Corder	О	239 at ()	325-4070			
	Nam	e of Person	Are	ea Code	Daytime Telepho	ne Number		
Enclosed	is a check for the	he following amor	unt:					
□\$125.0	0 Filing Fee	■\$130.00 Filin Certificate of S		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Certificate Certified C (additional co	of Status & opy	S.
,	New F Division P.O. B	g Address iling Section on of Corporation ox 6327 assee, FL 32314	S		Street Address New Filing Section E The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	nassee eet, Suite 810		

, ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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7771							c	. 1					

The name of the Limited Liability Company is:

VOLCANO MOUNTAIN GOLF ICE CREAM, 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:
1029 Barcarmil Way,	1029 Barcarmil Way
Naples, FL 34110	Naples, FL 34110

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:

Claire Sweeney-Sn	nith	
· · · · · · · · · · · · · · · · · · ·	Name	
1029 Barcarmil Wa	ıy	
Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptable)
Naples	FL	34110
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..

Claire Sweeney-Smith

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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	
MGR	Claire Sweeney-Smith 1029 Barcarmil Way Naples, FL 34110
AMBR	Carter Smith 1029 Barcarmil Way Naples, FL 34110
AMBR	Notan Smith 1029 Barcarmil Way Naples, FL 34110
(Use attachment if necessary)	
(If an effective date is listed, the date must be sthe date of filing.)	specific and cannot be more than five business days prior to or 90 days after at meet the applicable statutory filing requirements, this date will not be listed as not of State's records.
ARTICLE VI: Other provisions, if any.	····
REOUIRED SIGNATURE:	-DocuSkaned by: Claire Sweeney-Smith
This document is executed a substitution of the comment is executed and the comment is executed as a substitution of the comment is executed as a substituti	member of an wiffforfized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes. lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
Claire Sweene	y-Smith Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)