

624000464237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

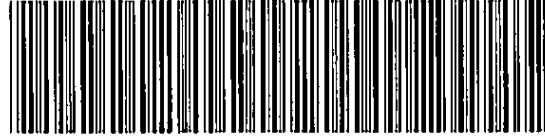
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900439047559

FILED

2024 NOV -4 AM 9:47

SECTION OF STATE
TALLAHASSEE, FL

RECEIVED

2024 NOV -4 PM 4:24

TALLAHASSEE, FL



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 11/04/24
Order #: 1670937-1
Re: ESLINK NAPLES 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:
I20000000195

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.

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV -4 AM 9:47

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ESLINK NAPLES 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	
steve@slnaples.com	
E-mail address: (to be used for future annual report notification)	

2024 NOV -4 AM 9:47
RECEIVED
TALLAHASSEE, FL
DIVISION OF STATE

FILED

For further information concerning this matter, please call:

Samuel Colburn	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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ESLINK NAPLES 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:

325 Turnbury Way

Naples, FL 34110

325 Turnbury Way

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:

Steven D. Link

Name

325 Turnbury Way

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

Naples

FL

34109

City

State

Zip

RECEIVED
TALLAHASSEE, FL

2024 NOV -4 AM 9:47

FILED

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..

Signed by:

Steven D. Link

180AAAG62A23460

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Steven D. Link 325 Turnbury Way Naples, FL 34110
MGR	Emily C. Link 325 Turnbury Way Naples, FL 34110

(Use attachment if necessary)

FILED
2024 NOV -4 AM 9:47
TALLAHASSEE, FL
CLERK OF THE COURT

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

<div>Signed by: <u>Steven D. Link</u> A69AA053A3346B</div>	<div>Signed by: <u>Emily C. Link</u> 92E726F4B831414</div>
--	--

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.

Steven D. Link and Emily C. Link
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- S 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)