## 6481000HJ

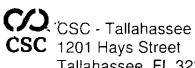
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300439611403

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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: 12/13/24 Order #: 1725240-1

Re: 1174 Broad Ave LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$155.00 - FL State Account Number:

12000000195

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.

TO:	New Filing Sec Division of Cor							
empira		d Ave LLC						
SUBJEC	UT:		Lim	ited Liabili	ty Company			
The encl	losed Articles of	Organization and fee(s	i) are	submitted	for filing.			
Please re	eturn all correspo	ondence concerning this	s ma	tter to the fo	ollowing:			
	Brian A. Co	rdero						
			_	Name of	Person			_ 20:
	Woods, Wei	denmiller, Michetti &	Rudi	nick, LLP				ZOZY DEC
	-	Firm/Company						
	9045 Strada	Stell Court, 4th Floor						
			_	Addro	ess		<u> </u>	M  9: 4
	Naples, FL 3	34109					103	7
	·		Ci	ty/State and	l Zip Code			
		vfirmnaples.com		Car Guina a				
or furthe		E-mail address: (to be uncerning this matter, pl			іншаї героп пошісає	ion <i>)</i>		
	Brian A. Cor		23		325-4070			
		e of Person	(	ea Code	) Daytime Telephon	e Number		
Enclosed	d is a check for th	he following amount:						
□\$125.	00 Filing Fee	□\$130.00 Filing Fe Certificate of Status		Certifie	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Certificate Certified C (additional co	of Status lopy	s &
	New F Divisio	ng Address iling Section on of Corporations ox 6327			Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre	assee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address:	st contain the words "Limited Li	ability Company. "		
			L.L.C.," or "LLC.")	
e mailing address and st	treet address of the principal off	ice of the Limited I	.iability Company is:	
<u>P</u> 1	rincipal Office Address:		Mailing Add	ress:
4536 Escobar	Avenue, Naples, FL 34103	1460	Goldengate Parkway,	
			103, PMB 323	
<del> </del>		<u>Napk</u>	s, FL 34105	
ELimited Liability Cor her business entity wi	ed Agent, Registered Office, & mpany cannot serve as its own R th an active Florida registration, street address of the registered a	Registered Agent. Y .)		dividual or
e Limited Liability Cor ther business entity wi	mpany cannot serve as its own R th an active Florida registration. street address of the registered a WWMR Statutory Ago	Registered Agent. Y  gent are:  ent, LL.C		dividual or
ne Limited Liability Cor other business entity wi	mpany cannot serve as its own R th an active Florida registration. street address of the registered a WWMR Statutory Ago	Registered Agent. Y  gent are:		dividual or
he Limited Liability Cor other business entity wi	mpany cannot serve as its own R th an active Florida registration. street address of the registered a WWMR Statutory Ago	Registered Agent. Y  agent are:  cnt. LL.C  Name		dividual or
he Limited Liability Cor other business entity wi	mpany cannot serve as its own R th an active Florida registration, street address of the registered a  WWMR Statutory Age	Registered Agent. Y  Igent are:  ent, LL.C  Name  T, 4th Floor	ou must designate an in	dividual or
he Limited Liability Cor other business entity wi	mpany cannot serve as its own R th an active Florida registration. street address of the registered a  WWMR Statutory Age  9045 Strada Stell Cour	Registered Agent. Y  Igent are:  ent, LL.C  Name  T, 4th Floor	ou must designate an in	adividual or

(CONTINUED)

## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Robert Witterholt 4536 Escobar Avenue, Naples, FL 34103
	202
	7024 OFF 13
(Use attachment if necessary)	· , ω ,=
(If an effective date is listed, the date must be spe the date of filing.)	cific and cannot be more than five business days prior to or 96 days after eet the applicable statutory filing requirements, this date will not be listed as of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	—Signed by:
This document is execute I am aware that any false	mbepoof herauthorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
Robert Witterholt	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)