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| (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: | | |
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Office Use Only



To: Department Of State, Division Of Corporations From: Shauna Godbolt Ext: x61563 Date: 01/08/25 Order #: 1757342-2 Re: 5780 HO, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation Amount to be deducted from our State Account: \$130.0 - FL State Account Number

2025 JAN - 8 AM

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

TO: New Filing Section Division of Corporations

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5780 HO, LLC SUBJECT:

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.

| (m) (m) | Name of | Person | | _ | |
|---------------------------------------|----------------------|-----------------------------|-----------|---------------|--|
| Woods, Weidenmiller, Micheu | i & Rudnick LLP | | | 202 | |
| · · · · · · · · · · · · · · · · · · · | Firm/Co | mpany | : | 2025 JAN I | - 1-3 |
| 9045 Strada Stell Court, Suite | 400 | | | 8-4 | , 1991 1991 1992 1997 1997 1997 1997 1997 |
| | Addr | CSS | in. | | 171 |
| Naples, FL 34109 | | | | ŋ :6 | \bigcirc |
| | City/State an | d Zip Code | · · · · · | 1 | |
| burnhambuilt@gmail.com | | | | | |
| E-mail address: (to | be used for future a | innual report notification) | | _ | |
| nformation concerning this matte | r, please call: | | | | |
| Samuel F. Colburn, Esq. | 239 at (| 325-4070 | _ | | |
| Name of Person | Area Code | Daytime Telephone Number | | | |

Enclosed is a check for the following amount:

For further

□\$125.00 Filing Fee ■\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy 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:

5780 HO, 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:

| <u>Princi</u> | pal Office Address: | | Mailing Addres | <u>is</u> : | | |
|---|--|--------------------------|--|-------------|----------------|------------|
| 4910 Mahogany Ri Naples, FL 34119 | dge Drive | | 910 Mahogany Ridge Drive Japles, FL 34119 | | | |
| ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida stree | y cannot serve as its own active Florida registration | n Registered Age on.) | | : | 2025 JAN - 8 1 | |
| | Edward P. Burnham | Sr. | | | | |
| | | Name | | | <u>.</u> (| \bigcirc |
| | 4910 Mahogany Rid | lge Drive | | | | |
| | Florida street addres | ss (P.O. Box <u>NO</u> | T acceptable) | | | |
| | Naples | FL | 34119 | | | |
| | 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.

aned by

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> | Name and Address: |
|---|---|
| "AMBR" = Authorized Member "MGR" = Manager | |
| MGR | Edward P. Burnham Sr. |
| | 4910 Mahogany Ridge Drive Naples, FL 34119 |
| AMBR | A 1 Industries, LLC, a Pennsylvania limited liability compan- 615 Ford Avenue Langhorne, PA 19047 |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | 2025 |
| RTICLE V: Effective date, if other than the date of f | ung: (OPTIONAL) 😒 🖓 |
| If an effective date is listed, the date must be specifi ne date of filing.) | ic and cannot be more than five business days prior to or 90 days after |
| Note: If the date inserted in this block does not meet | the applicable statutory filing requirements, this date will not be listed as |
| he document's effective date on the Department of S | state's records. |
| RTICLE VI: Other provisions, if any, | 9: 0 |
| | |
| | |

REOUIRED SIGNATURE:

DODA66ECOD264CC

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.

Edward P. Burnham Sr.

Typed or printed name of signce

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)

FIN-80949