## 12500009531

(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:

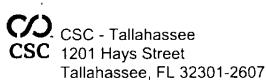
Office Use Only



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2025 JAN -8 AM 9: 47

2025 JAH -8 PH 3: 08



850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Ben Bolen

Ext:

Date: 01/08/25

Order #: 1759149-1 Re: Naples 760 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 - 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.

1			COA	VER LET	TER				
	ew Filing Section ivision of Corp								
SUBJECT	Naples 760 L	LC							
SOUTE	•	Name	e of Lim	ited Liab	ility Company				
The enclos	ed Articles of O	rganization and fe	ee(s) arc	submitte	ed for filing.				
Please retu	rn all correspon	dence concerning	this ma	tter to the	following:				
	Brian A. Cordo	ero							•
			_	Name o	of Person			i ·	2025
	Woods Weidenmiller, Michetti & Rudnick, LLP						: ~	- 1/1//	
				Firm/C	Company			:35:	8
	9045 Strada St	ell Court, 4th Flo	or					ini.	8 /M 9:
				Add	iress				47
	Naples, FL 34	109							
	bcordero@lawf	irmnaples.com	C	ity/State a	and Zip Code				
-	E-i	mail address: (to l	be used	for future	annual report r	notificatio	n)		
For further i	nformation conc	erning this matter	r, please	call:					
	Brian A. Corde	ro	23 _at (	9	325-4070				
	Name	of Person		ca Code	Daytime T	elephone	Number		
Enclosed is	s a check for the	following amoun	ıt:						
□\$125.00	Filing Fee	□\$130.00 Filing Certificate of Sta		Certi	55.00 Filing Fe fied Copy nal copy is encl		□\$160.0 Certifica Certified (additional	ate of Sta I Copy	atus &
	Division	ng Section of Corporations			Street Addre New Filing Se The Centre of	ection Div f Tallahas	see		
	P.O. Box	6327			2415 N. Mon	roc Street	, Suite 810		

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Naples 760 LLC						
	ntain the words "Limited	Liability Company	, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street	address of the principal of	office of the Limite	d Liability Company is:			
Princi	ipal Office Address:		Mailing Addre	<u>ss</u> :		
760 Park Shore Dri	ive, Naples, FL 34103	760	Park Shore Drive, Naples	, FL 34103	<u>.                                    </u>	
		<del></del>		· ;	- 202	
(The Limited Liability Compar another business entity with ar The name and the Florida stree	n active Florida registratio	on.) d agent are:  Ngent, LLC  Name  Durt, 4th Floor		vidual or	7025 JAN -8 AM 9: 47	ŷ T
		171	34109			
	Naples	FL	2			
	Naples City	State	Zip			

(CONTINUED)

\$ 5.00 Certificate of Status (Optional)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:					
MGR	Tracy Kabeshita 760 Park Shore Drive, Naples, FL 34103					
	760 Park Shore Drive, Napies, PL 34103					
<del></del>						
		<del></del>				
		~				
(Use attachment if necessary)	:	ijZ5				
ARTICLE V: Effective date, if other than the date	of filing: (OPTIONAL)					
	pecific and cannot be more than five business days prior to					
Note: If the date inserted in this block does not a	meet the applicable statutory filing requirements, this date w	ill not b				
the document's effective date on the Department	of State's records.	N. C.				
•	-	9				
•		-				
•		1.3				
•		1				
•		7.4:				
•	Docusioned but	7.4:				
ARTICLE VI: Other provisions, if any.	Docusigned by:	7.4:				
ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	Tracy Kakeshita					
REOUIRED SIGNATURE:  Signature of a me This document is execu	ember of a member.  ted in accordance with section 605.0203 (1) (b), Florida State					
REOUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false	tracy kakeshita ember of a member.					
REOUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false	tracy Eaberbura  ember of in authorized representative of a member.  Ited in accordance with section 605.0203 (1) (b), Florida State information submitted in a document to the Department of the felony as provided for in s.817.155, F.S.					