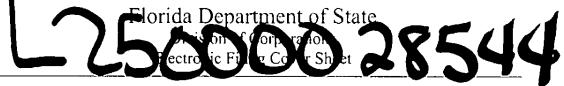
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DORCEY LAW FIRM, PLC

Account Number : I20230000134 Phone : (239)418-0169 Fax Number : (239)418-0048

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:__

FLORIDA LIMITED LIABILITY CO. 1225 NE 8th Terrace, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

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Help

To:

COVERLETTER

	Sew Filing Sect Division of Cor				
SUBJECT		h Terrace, I.L.C			
30 BJ EC	l :	Name o	of Limited Liab	ility Company	
The enclos	sed Articles of (Organization and fee	(s) are submitte	d for filing.	
Please retu	arn all correspo	ndence concerning t	us matter to the	following:	
	Michael A. S	cott			
	••		Name o	f Person	
	Dorcey Law	Firm, PLC			
			Firm/C	ompany	
	10181 Six M	ile Cypress Pkwy St	e C		
			Ado	lress	
	Fort Myers, I	FL 33966			
	support@dlfre	gisteredagent.com	City/State a	nd Zip Code	2025
		*	used for future	annual report notification	<u> </u>
or further i	information cor	cerning this matter.	please call:		• 2
	Michael A. So		239 at (418-0169	2025 JAN 21 12/10: 04
	Name	of Person	Area Code	Daytime Telephone	Number P
Enclosed i	s a check for th	e following amount:			
□\$125.00) Filing Fee	S130.00 Filing F Certificate of State	is Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. Be	2 Address ling Section n of Corporations ox 6327 ssee, FL 32314		Street Address New Filing Section Divi The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	see

Mailing Address:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1225 NE 8th Terrace, 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:

	······································
17160 Waters Edge Cir.	17160 Waters Edge Cir.
North Fort Myers, FL	North Fort Myers, FL
22017 LIC	27017 IIS

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:

Principal Office Address:

DLF Registered Age	ent Service, LLC	
	Name	
10181 Six Mile Cyp	ress Pkwy Ste C	
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
Fort Myers	FL	33966
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.

/s/ Michael A. Scott
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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	Jon F. Van Rhee	
MOR	17160 Waters Edge Cir. North Fort Myers, FL 33917	
MGR	Leah A. Van Rhee	
	17160 Waters Edge Cir. North Fort Myers, FL 33917	
(Use attachment if necessary)		
(Ose attachment if necessary)		
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