

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-0171
904-222-0393 FAX

800-342-8086



networks

PROFESSIONAL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 773361 81261A

AUTHORIZATION :

COST LIMIT : \$ 285.00

Patricia Pyatt

ORDER DATE : December 18, 1995

ORDER TIME : 9:19 AM

ORDER NO. : 773361

CUSTOMER NO: 81261A

2000011554352

CUSTOMER: Joseph Zaks, Esq
QUARLES & BRADY

Suite 300
4501 N. Tamiami Trail
Naples, FL 33940

DOMESTIC FILING

NAME: ALLARD FAMILY L.C.

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS: _____

FILED
95 DEC 18 AM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W95-24569

1127



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

95 DEC 20 PM 12:26

December 18 1995

use date

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301

SUBJECT: ALLARD FAMILY L.C.
Ref. Number: W95000024569

We have received your document for ALLARD FAMILY L.C. and the authorization to debit your account in the amount of \$285.00. However, the document has not been filed and is being returned for the following:

An affidavit is required pursuant to section 608.407(2), Florida Statutes, declaring the following: (1) the limited liability company has at least two members; (2) the actual amount of cash contributions; (3) the agreed value of any property other than cash contributed; and (4) the total amount of cash or property anticipated to be contributed by the members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Teresa Brown
Corporate Specialist

Letter Number: 695A00054545

resubmit

ARTICLES OF ORGANIZATION OF

FILED

ALLARD FAMILY L.C.

95 DEC 18 AM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned hereby certify that we have associated ourselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. We further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

ARTICLE I

NAME

The name of the limited liability company shall be **ALLARD FAMILY L.C..**

ARTICLE II

ADDRESS OF PRINCIPAL PLACE OF BUSINESS

The mailing address and street address of the principal office of this limited liability company shall be 231 Albi Road, Apt. #4, Naples, Florida 33962.

ARTICLE III

DURATION

This limited liability company shall exist until October, 2035, unless sooner dissolved in a manner provided by law or as provided in the regulations adopted by the members.

ARTICLE IV

MANAGEMENT

This limited liability company shall be managed by the members. The name and address of the managing member is as follows:

RAYMOND M. ALLARD
231 Albi Road, Apt. #4
Naples, Florida 33962

ARTICLE V

RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members who are the descendants of RAYMOND M. ALLARD by a majority vote of the members. No members may be admitted who are not descendants of RAYMOND M. ALLARD. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

A member's interest in the limited liability company may be sold or otherwise transferred but only after the other existing members have waived their right of first refusal and complied with other restrictions on transfer as more fully set out in the Regulations.

ARTICLE VI

MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the limited liability company, the remaining members shall have the right to continue the business upon the unanimous consent of such remaining members.

Executed by the undersigned at Naples, Florida on December 8th, 1995.


RAYMOND M. ALLARD

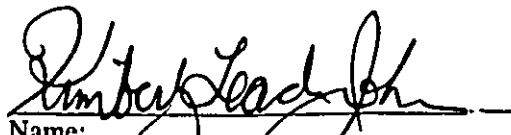

RITA M. ALLARD

In accordance with § 608.408(3), Florida Statutes, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

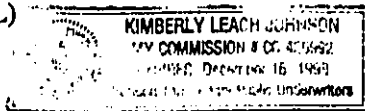
STATE OF FLORIDA

COUNTY OF COLLIER

The foregoing instrument was sworn to and acknowledged before me this 8 day of December, 1995, by RAYMOND M. ALLARD on behalf of ALLARD FAMILY L.C., a limited liability company, who ☒ is personally known to me or ☐ who produced a driver's license as identification.


Name:
Notary Public
My Commission Expires:

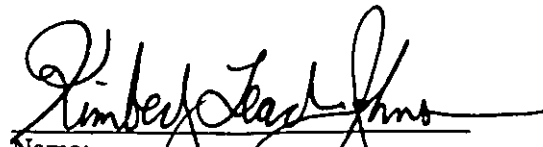
(SEAL)



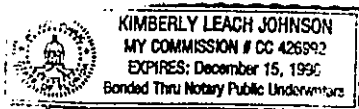
STATE OF FLORIDA

COUNTY OF COLLIER

The foregoing instrument was sworn to and acknowledged before me this 8 day of December, 1995, by RITA M. ALLARD on behalf of ALLARD FAMILY L.C., a limited liability company, who ☒ is personally known to me or ☐ who produced a driver's license as identification.


Name:
Notary Public
My Commission Expires:

(SEAL)



**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS
ALLARD FAMILY L.C.**

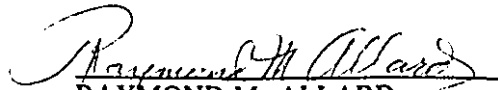
STATE OF FLORIDA

COUNTY OF COLLIER

Before me, the undersigned authority, personally appeared **RAYMOND M. ALLARD**, a Member of **ALLARD FAMILY L.C.**, who, being first duly sworn deposes and says:

1. That the limited liability company known as **ALLARD FAMILY L.C.** has at least two (2) members.
2. The total amount of cash contributed by members of **ALLARD FAMILY L.C.** is **One Hundred Dollars (\$100.00)** cash.
3. If any, property described as real estate located both within the State of Florida and without the State of Florida at an agreed value of **One Million Five Hundred and Ninety Thousand Dollars (\$1,590,000)** has been contributed by members.
4. The total of cash and property anticipated to be contributed by members is **One Million Five Hundred and Ninety Thousand One Hundred Dollars (\$1,590,100)** . This amount includes amounts from Paragraphs 2 and 3 above.

Further, Affiant sayeth naught.

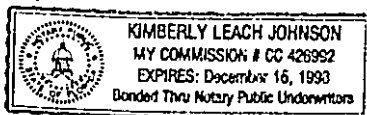

RAYMOND M. ALLARD

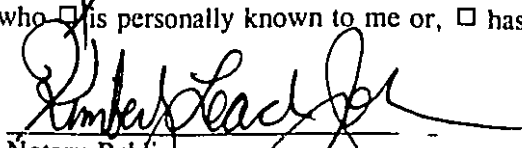
In accordance with § 608.408(3), Florida Statutes, the execution of this Affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

STATE OF FLORIDA
COUNTY OF COLLIER

The foregoing instrument was sworn to and acknowledged before me this 8 day of December, 1995, by **RAYMOND M. ALLARD**, who ☒ is personally known to me or, ☐ has produced a driver's license as identification.

(SEAL)




Notary Public

Print Name: Kimberly Leach Johnson

Commission # _____

My Commission Expires: _____

**CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE AND
REGISTERED AGENT**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

The name of the limited liability company is **ALLARD FAMILY L.C..**

The name of the initial registered agent of the limited liability company is Leo J. Salvatori, and the address of the office of the registered agent is Quarles & Brady, 4501 Tamiami Trail North #300, Naples, FL 33940.

REGISTERED AGENT ACCEPTANCE

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 that 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.



LEO J. SALVATORI
Registered Agent

Date: December 8th, 1995

FILED
95 DEC 18 AM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE NOW: Fee after May 1, will be \$263.75

APPROVED
AND
FILED

65 MAY 1 10:53

STATE
FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE
\$ 238.75

Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address
of Limited Liability Company

DOCUMENT # L95000000983

ALLARD FAMILY L.C.
231 ALBI RD
APT #4
NAPLES FL 33962

1a. Principal Place of Business Address

231 ALBI RD
APT #4
NAPLES FL 33962

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2 Principal Place of Business

SAME

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

12/18/1995

3a. State of Formation

FL

4. FEI Number

65-0637049

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

☐ Additional Fee Required

7. Name and Address of Current Registered Agent

SALVATORI, LEO J
4501 TAMiami TRAIL NORTH #300
NAPLES FL 33940

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM

ALLARD, RAYMOND M

231 ALBI RD APT #4

NAPLES FL

900001834829
-05/22/96--01073--022
****263.75 ****263.75

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (A), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Raymond M. Allard

5-8-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #