

L9900000/439

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

February 25, 1999

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-03/02/99--01082--002
***285.00 ***285.00

To Whom It May Concern:

Enclosed please find the Articles of Organization for: Dante, L.L.C., together with a check for \$285.00 to cover relevant fees.

My address and daytime phone are:

P.O. Box 6266
Key West, FL 33041

Phone: 294-9009
Home phone: 292-9575

Thank you for your assistance.


Daniel Ceccoli, Operating Manager

FILED
99 MAR -2 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

52
3-15-99

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DANTE ASSOCIATES, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

MAILING:

P.O. Box 6266

KEY WEST, FL 33041

STREET:

519 DUVAL ST.

KEY WEST, FL 33040

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

40 YEARS

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

DANIEL E. CECCOLI
SARAH DELAURENTIS

P.O. Box 6266

KEY WEST, FL 33041

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

No additional members shall be admitted without the unanimous approval of all the members, and in accordance with such terms and conditions as the current members unanimously agree upon in their sole discretion.

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TALLAHASSEE, FLORIDA

ARTICLE VI - Members Rights to Continue Business:

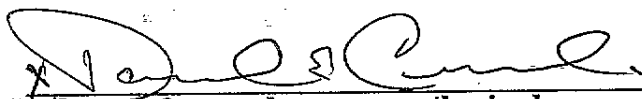
The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The remaining members shall have the right to continue the business of the company, if exercised by a unanimous vote of the remaining members, within 90 days of such an event or occurrence. Regulation of the company's internal affairs is set forth in the limited liability company operating agreement maintained by the members.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of DANTE ASSOCIATES, L.L.C. certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.00;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ - 0 -;
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 1,000.00.



Signature of a member or an authorized representative of a member.

(In accordance with section 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.)

DANIEL E. CECCOLI, Operating Manager
Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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

1. The name of the limited liability company is: DANTE ASSOCIATES, L.L.C.

2. The name and the Florida street address of the registered agent are:

DANIEL E. CECCOLI
NAME

519 DUVAL ST.
Florida street address (P. O. Box NOT ACCEPTABLE)

KEY WEST FL 33040
CITY, STATE AND 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.


SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

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TALLAHASSEE, FLORIDA