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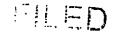
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## WAIKIN

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XX	CERTIFIED COPY					
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XX	FILING	LLC				
	IRON GATE MOTOR CO	ONDOS NT #)	NAPLES, LLC	· <u>·</u>		
· _	(CORPORATE NAME AND DOCUME	NT #)				
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PECIAL NSTRU(	CTIONS:	<del>.</del>				

### COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJE	Iron Gate Motor Condos Naples, LLC
SUBJE	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Kevin A. Denti, Esquire
	Name of Person
	Kevin A. Denti, P.A.
	Firm/Company
	2180 Immokalee Road - Suite #316
	Address
	Naples, Florida 34110
	City/State and Zip Code kdenti@dentilaw.com
	E-mail address: (to be used for future annual report notification)
or furthe	r information concerning this matter, please call:
	Kevin A. Denti, Esquire 239 260-8111
	Name of Person Area Code Daytime Telephone Number
Enclosed	l is a check for the following amount:
<b>圖\$125</b> .	00 Filing Fee Certificate of Status  □\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810TallahasseeFl. 32314TallahasseeFl. 32303



2021 SEP 14 PM 2: 47

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE TALLAHASSEE, FL

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The name of the Limited Liability Company is:

Iron Gate Motor Cond	ios Naples, LLC		
(Must cona	tin the words "Limited	Liability Company, "I	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ldress of the principal (	office of the Limited L	iability Company is:
Princips	il Office Address:		Mailing Address:
2228 Ferry Road - Su	ite #101	2228 F	Ferry Road - Suite #101
Naperville, Illinois 60	563	Naper	ville, Illinois 60563
another business entity with an a The name and the Florida street a	ctive Florida registratio	on.)	ou must designate an individual or
	Kevin A. Denti, Esq	uire	
	_	Name	
	2180 Immokalee Ro	ad - Suite #316	
	Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
	Naples	Florida	34110
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Thomas E. Burgess 2228 Ferry Road - Suite #101 Naperville, Illinois 60563
of filing: (OPTIONAL) reific and cannot be more than five business days prior to or seet the applicable statutory filing requirements, this date will not State's records.
1. Sti
mber or an authorized representative of a member.
ed in accordance with section 605.0203 (1) (b). Florida Statute: information submitted in a document to the Department of Stat felony as provided for in s.817.155, F.S.
relong as provided for its survivos, 1.3.

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)