

L23000134987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

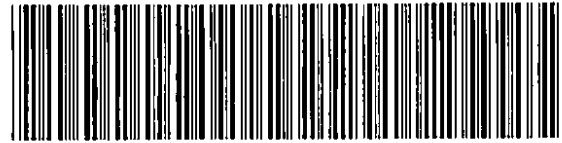
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



600402207786

S. CHATHA

MAR 24 2023

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2023 MAR 23 AM 11:17

FILED

03/23/23--01013--002 \*\*125.00

DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

2023 MAR 23 AM 9:04

RECEIVED

**LAW OFFICE OF  
SAM J. SAAD III**

2670 Airport Road South • Naples, FL 34112  
Office: (239) 963-1635 • Fax: (239) 791-1208  
www.SaadLegal.com

Sam J. Saad III, Managing Attorney, *Licensed in Florida and Washington, DC*  
Gary L. Green, Senior Litigation Counsel, *Licensed in Florida*  
Jeri L. Woody, Senior Real Estate Counsel, *Licensed in Florida*

March 20, 2023

Sam Houston, Esq.  
Williams and Associates, P.A.  
701 East Tennessee Street  
Tallahassee, Florida 32308

Re: Expedited Filing of SAH NAPLES REALTY LLC  
Matter No. 12787

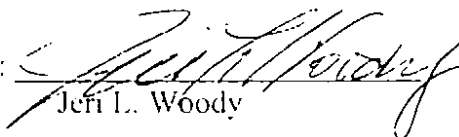
Dear Mr. Houston,

Enclosed please find the filing for the above referenced LLC, as well as 2 checks: one to the Florida Department of State and one to your firm as the fee for your services.

Please let us know when this has been accomplished and as always, we greatly appreciate your kind assistance.

Very truly yours,

LAW OFFICE OF SAM J. SAAD III

By:   
Jeri L. Woody

Enclosures as stated

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: SAH NAPLES REALTY LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeri L. Woody  
Name of Person

---

Law Office of Sam J. Saad III  
Firm/Company

---

2670 Airport Road South  
Address

---

Naples, Florida 34112  
City/State and Zip Code

---

jsizemore@saadlegal.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeri L. Woody                      239                      963-1635 x1012  
at ( \_\_\_\_\_ ) \_\_\_\_\_  
Name of Person                  Area Code                  Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy  
(additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy  
(additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAM NAPLES REALTY 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:

Principal Office Address:

Mailing Address:

445 Cove Tower Drive #1604  
Naples, Florida 34110

445 Cove Tower Drive #1604  
Naples, Florida 34110

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:

SAM J. SAAD III PA

Name

2670 Airport Road South

Florida street address (P.O. Box **NOT** acceptable)

Naples

Florida

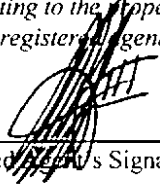
34112

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)

FILED  
2023 MAR 23 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FL

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Sharon A. Heidrich  
445 Cove Tower Drive #1604  
Naples, Florida 34110

MGR

Richard A. Heidrich  
445 Cove Tower Drive #1604  
Naples, Florida 34110

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

(Use attachment if necessary)

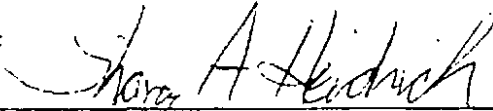
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

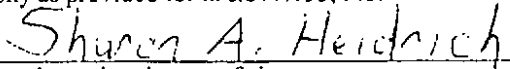
**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Sharon A. Heidrich



Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)