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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

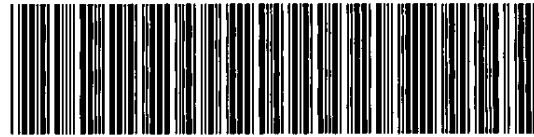
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUL 10 PM 2:55

FILED

B. KOHR

JUL 10 2008

EXAMINER

FILED
 08 JUL 10 PM 2:55
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/ST/Zip

850-222-2785

Phone #

ck enclosed for \$125.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- REST of Naples, LLC
- 2- _____
- 3- _____
- 4- _____

- Walk-in
- Pick-up time ASAP
- Certified Copy
- Mail-out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials jac

ARTICLES OF ORGANIZATION
OF
REST OF NAPLES, LLC

FILED
08 JUL 10 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED certifies that he intends to form a limited liability company under the laws of the State of Florida and hereby declares 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 (the "Company") shall be **REST OF NAPLES, LLC**.

ARTICLE II
ADDRESS

The mailing and street address of the Company's principal office is:

2948 Orange Grove Trail
Naples, Florida 34120

ARTICLE III
PURPOSES

The general nature of the business or businesses to be transacted and which the Company is authorized to transact shall be as follows:

- A. To engage in any activity or business authorized under the Florida Statutes, including the investment, purchase, ownership, development, management, operation and sale of all matters incidental and related thereto.
- B. In general, to carry on any and all incidental business; to have and exercise all the powers conferred by the laws of the state of Florida, and to do any and all things herein set forth to the same extend as a natural person might or could do.

ARTICLE IV
DURATION

The duration for the Company is perpetual.

**ARTICLE V
REGISTERED AGENT AND OFFICE**

The name of the Company's initial registered agent in Florida is **MICHAEL J. VOLPE, ESQUIRE** and the address of the Company's registered agent in Florida is **ROBINS, KAPLAN, MILLER & CIRESI, L.L.P.**, 711 Fifth Avenue South, Suite 201, Naples, Florida 34102.

**ARTICLE VI
MANAGEMENT**

The Company is to be managed by a member or members.

**ARTICLE VII
ADMISSION OF NEW MEMBERS**

Members of the Company have the right to admit new members. Additional members may be admitted only by the affirmative vote or written consent of a majority-in-interest of the members unless otherwise provided in the Company's Operating Agreement. The existing members shall determine the amount and nature of the contribution by new members at the time the new members are admitted.


**ARTICLE VIII
CONTINUATION OF BUSINESS OPERATIONS**

The Company may continue its business operations upon 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 a limited liability Company only upon the unanimous approval of the remaining members, unless otherwise provided in the Company's Operating Agreement.

**ARTICLE IX
TRANSFERABILITY OF MEMBER'S INTEREST**

A member's interest in the Company shall not be transferred unless the transfer is approved by the members in accordance with the Company's Operating Agreement.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 8th day of July 2008.



By: **MICHAEL J. VOLPE**
As Authorized Representative

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the Registered Agent/Registered Office in the State of Florida.

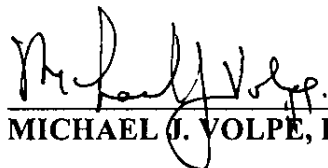
The name of the limited liability company is: **REST OF NAPLES, LLC**

The name and address of the Registered Agent and office is:

MICHAEL J. VOLPE, ESQUIRE
ROBINS, KAPLAN, MILLER & CIRESI, L.L.P.,
711 Fifth Avenue South, Suite 201
Naples, Florida 34102

Having been named as Registered Agent 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.

Dated this 8th day of July, 2008.



MICHAEL J. VOLPE, ESQUIRE

This instrument prepared by:

MICHAEL J. VOLPE, ESQUIRE
ROBINS, KAPLAN, MILLER & CIRESI L.L.P.
711 Fifth Avenue South, Suite 201
Naples, Florida 34102
Telephone: (239) 430-7070
Facsimile: (239) 213-1070

STATE OF FLORIDA
COUNTY OF COLLIER

The foregoing instrument was acknowledged before me this 8th day of July, 2008, by **MICHAEL J. VOLPE**, as **Authorized Agent** (is personally known to me) (has produced a driver's license/picture identification) and did/did not take an oath.

My Commission Expires:

Rhonda G. Borden
NOTARY PUBLIC (SEAL)
Rhonda G. Borden
Typed or printed name



RHONDA G. BORDEN
MY COMMISSION # DD 383376
EXPIRES: February 21, 2009
Bonded Thru Budget Notary Services

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/SVZip

850-222-2785

Phone #

Check enclosed for \$125.00

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