

L12 000128895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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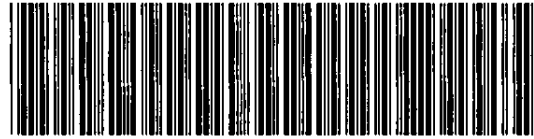
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

OCT 16 2012

EXAMINER

**COVER LETTER**

Doc# L12000128895

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nortkaye Partnership LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Stuart Kaye

Name of Person

Nortkaye Partnership LLC

Firm/Company

1556 Serenity Circle

Address

Naples, FL 34110

City/State and Zip Code

jkaye@kayecompanies.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Stuart Kaye

Name of Person

at ( 239 )

777-7815  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (08/05)

Doc # L12000128895

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

**FIRST:**      The name of the limited liability company is:  
   Nortkaye Partnership LLC

**SECOND:**    The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article IV omitted and should include the following MGRM:

Stuart Kaye

1556 Serenity Circle

Naples, FL 34110

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: October 10, 2012

  
Signature of a member or authorized representative of a member

Jack Nortman, Member

Typed or printed name of signee

**Filing Fee:            \$25.00**  
**Certified Copy:     \$30.00 (optional)**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L12000128895  
FILED 8:00 AM  
October 10, 2012  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:  
NORTKAYE PARTNERSHIP LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
4400 GULFSHORE BLVD N  
UNIT 405  
NAPLES, FL. 34103

The mailing address of the Limited Liability Company is:  
4400 GULFSHORE BLVD N  
UNIT 405  
NAPLES, FL. 34103

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
JACK NORTMAN  
4400 GULFSHORE BLVD N  
UNIT 405  
NAPLES, FL. 34103

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.

Registered Agent Signature: JACK NORTMAN

## Article V

The name and address of managing members/managers are:

Title: MGRM  
JACK NORTMAN  
4400 GULF SHORE BLVD N  
NAPLES, FL. 34103

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FILED 8:00 AM  
October 10, 2012  
Sec. Of State  
nculligan

Signature of member or an authorized representative of a member

Electronic Signature: JACK NORTMAN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.