L14000/31982

| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ₩ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



000262245270

08/14/14--01034--006 **16.25

07/28/14--01024--007 **113.75



1114-46405

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|--------------------|---|--|---|
| SUBJE | ECT: <u>Sarasota Corov</u> Name of Li | P LLC. mited Liability Company | |
| | closed Articles of Organization and fee(s) a | | |
| | return all correspondence concerning this n | · | |
| | Cormen Neapo | Name of Person | |
| | | Firm/Company | |
| | 550 5th Street | Address | |
| | Struthers whio | 44471 City/State and Zip Code | |
| | cnoffice of sheal abol- | | tion) |
| For furt | ther information concerning this matter, ple | ase call: | |
| _Ca | Name of Person | 330 755-0545 Area Code Daytime Tel | ephone Number |
| Enclose | ed is a check for the following amount: | | |
| ⊠ L\$125.00 | 0 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230 | er Circle |

9/b:3664 12:21 Find 12:27 Find 12



August 14, 2014

CARMEN NEAPOLITAN 550 5TH ST STRUTHERS, OH 44471

SUBJECT: DAYTONA GROUP LLC

Ref. Number: W14000049951

We have received your document for DAYTONA GROUP LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

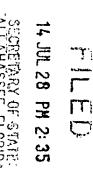
The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 914A00017541



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | |
|---|---|---------------------------------|
| Sarasota Croup LLC (Must end with the words "Limited L | iability Company, "L.L.C.," or "LLC.") | - |
| ARTICLE II - Address: The mailing address and street address of the principal office. | ce of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| Neapolitan Realty 550 5th Street Struthers ship 44471 | 550 5+h Street Struthers abin 44471 | - - |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) | egistered Agent. You must designate an indiv | ridual or |
| The name and the Florida street address of the registered ag | gent are: | |
| <u>Carmen Neapolita</u> Name | 2 | |
| 3311 New South Pro Florida street address (P.O. Box N | IOT acceptable) | |
| Fact myers | FL 33919 Zip | |
| Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligation. Chapter | he appointment as registered agent and agree all statutes relating to the proper and complet | to act in this e performance |
| Carl Jaguard | | |
| Registered Agent's Signatur | re (REQUIRED) | 治・・ |
| (CONTINUEE |)) 出 20 | 三 三 三 28 |
| Page 1 of 2 | | 8 PM 2: 35 |

9/S-56014 IS:57 F103-32-50

| <u> Çitle:</u> | Name and Address: |
|---|--|
| 'AMBR" = Authorized Member | |
| 'MGR" = Manager | |
| _ω C= β | Carmen Neapolitas |
| | 550 5th Street |
| | Struthers ohio 44471 |
| | |
| AMBR | Jennifer Neapolitan |
| · · · · · · · · · · · · · · · · · · · | 550 5th Street |
| | Struthers obio 44471 |
| | |
| | |
| | |
| | |
| | • |
| | |
| | |
| | |
| Use attachment if necessary) | |
| ctive date is listed, the date must be s filing.) | te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 o |
| f filing.) | te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 o |
| f filing.) | te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 o |
| f filing.) | te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 o |
| f filing.) E VI: Other provisions, if any. | te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 o |
| f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: | |
| f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: | grtti |
| f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m | nember or an authorized representative of a member. |
| f filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a m (In accordance with section of | nember or an authorized representative of a member. |
| Filing.) EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation under that any false info | nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State |
| REQUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation under that any false info | nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. |
| Filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false inforconstitutes a third degree felo | nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. commation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) |
| Filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false inforconstitutes a third degree felo | nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. commation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) |
| Filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false inforconstitutes a third degree felo | nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State |
| Filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false inforconstitutes a third degree felo | nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, commation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) Neapoli fan Typed or printed name of signee |
| REOUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation unil am aware that any false inforconstitutes a third degree felo | nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) Neapol: fan Typed or printed name of signee Filing Fees: |
| Filing.) EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation under that any false information to the constitutes a third degree felocation. Comments \$125.00 Filing Fee for Articles of O | nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent |
| REOURED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false inforced constitutes a third degree felocation. | nember or an authorized representative of a member. 505.0203 (1) (b). Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent |

Page 2 of 2

14 JUL 28 PH 2: 35

HOC-55-5014 15:58 Prom: 1111