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To:

Division of Corporations

Fax Number : (950)205-0383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phomo

: (850)222-1092

Fax Number

: (850)222-9426

# LIMITED LIABILITY COMPANY

### Neapolitan, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Public Access Help

#### ARTICLES OF ORGANIZATION

#### OF

#### NEAPOLITAN, LLC

ARTICLE I: The name of the limited liability company is Neapolitan, LLC.

ARTICLE II: The mailing address and street address of the principal office of the Limited Liability Company is:

2690 Cypress Trace Circle Unit #3226 Naples, FL 34112

ARTICLE III: Registered Agent, Registered Office & Registered Agent's signature:

The name and the Florida street address of the registered agent are:

CT Corporation System 1200 South Pine Island Road Plantation, FL 33324

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 as provided for in Chapter 608. Florida Statutes.

CT Corporation System

By: Connie BRYAN SPECIAL ASSISTANT SECRETAR\*
Registered Agent's signature

ARTICLE IV: Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Managing Member:

Joanne E. Lewis, trustee of the Joanne E. Lewis Revocable Trust, dated December

1, 1996 and her successors

REQUIRED SIGNATURE:

Margaret[M] Connolly, an authorized person

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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