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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 : (215)563-8113 Phone Fax Number

: (215) 977-9386

UIVISION OF CORPORATION

## LIMITED LIABILITY COMPANY

## NAPLES G2M2, LLC

Certificate of Status	1
Certified Copy	0
Page Count	93
Estimated Charge	\$130.00

Electronic Filing Menu

Public Access Help.

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	lity Company is:
NAPLES G2M2, LLC	·
ARTICLE II - Address:	
The mailing address and stree	address of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
182 Burnet Crescent	182 Burnet Crescent
Robbinsville, NJ 08691	Robbinsville, NJ 08691
Robbinsville, NJ 08691  ARTICLE III - Registered A  The name and the Florida stre	gent, Registered Office, & Registered Agent's Signature: t address of the registered agent are:
Robbinsville, NJ 08691  ARTICLE III - Registered A  The name and the Florida stre	Robbinsville, NJ 08691  gent, Registered Office, & Registered Agent's Signature: t address of the registered agent are: Munroe, Esquire
Robbinsville, NJ 08691  ARTICLE III - Registered A  The name and the Florida stre	gent, Registered Office, & Registered Agent's Signature: t address of the registered agent are: Munroe, Esquire Name
Robbinsville, NJ 08691  ARTICLE III - Registered A  The name and the Florida stre  W. Bradley	gent, Registered Office, & Registered Agent's Signature:  t address of the registered agent are:  Munroe, Esquire  Name
Robbinsville, NJ 08691  ARTICLE III - Registered A  The name and the Florida stre  W. Bradley	Robbinsville, NJ 08691  gent, Registered Office, & Registered Agent's Signature:  t address of the registered agent are:  Munroe, Esquire  Name  Name  Tia Street  Florida street address (P.O. Box NOT acceptable)

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 608, F.S.

(CONTENUED)

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Michael Moskowitz, PE
	182 Burnet Crescent
	Robbinsville, NJ 08691
MGRM	Vincent E. Guarini, M.D.
	136 Burnet Crescent
	Robbinsville, NJ 08691
MGRM	Lisa A. Guarini, RN
	136 Burnet Crescent
	Robbinsville, NJ 08691
MGRM	Karen D. Meisberger, CRNA
<del></del>	182 Burnet Crescent
	Robbinsville, NJ 08691

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a momber or as authorized representative of a member

(in accordance with section 608.4086). Florida Statutes, the execution of this document constitutes at affinition under the peculies of parity that the facts stated herein are true.)

Michael Moskowitz, PE

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)

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