

**LD50000010940**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H05000027289 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : M. BURR KEIM COMPANY  
Account Number : I19990000242  
Phone : (215) 563-8113  
Fax Number : (215) 977-9386

**LIMITED LIABILITY COMPANY**

**NEAPOLITAN INVESTORS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing

Public Access Help

FILED  
05 FEB -2 AM 8:46  
TALLAHASSEE, FLORIDA

05 FEB -2 AM 8:10  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*Handwritten signature/initials*

(((H050000272893)))

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

NEAPOLITAN INVESTORS, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**1590 Winding Oaks Way, #202  
Naples, FL 34109**Mailing Address:**1590 Winding Oaks Way, #202  
Naples, FL 34109**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Ronald L. Rotunda

Name

1590 Winding Oaks Way, #202Florida street address (P.O. Box NOT acceptable)NaplesFL34109

City, State, and Zip

*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..*



Registered Agent's Signature

(CONTINUED)

Page 1 of 2

(((H050000272893)))

FILED  
05 FEB -2 AM 8:46  
SECRET  
TALLAHASSEE, FLORIDA

(((H050000272893)))

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Daniel J. Graziano, Jr.

3685 Quakerbridge Road, P.O. Box 3333

Trenton, NJ 08619

(Use attachment if necessary)

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

  
Signature of a member or an authorized representative of a member

(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.)

Daniel J. Graziano

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)**STATE OF FLORIDA  
TALLAHASSEE

05 FEB -2 AM 8:46

FILED

(((050000272893)))