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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

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**LIMITED LIABILITY COMPANY**

**old naples, llc**

Certificate of Status	0
Certified Copy	1
Page Count	02
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(2)

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**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I – Name**

The name of the Limited Liability Company is:

**OLD NAPLES, LLC**

**ARTICLE II – Address:**

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

**8755 NW 35<sup>TH</sup> LANE, MIAMI, FL 33172**

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**LI HUI HSU YU  
8755 NW 35<sup>TH</sup> LANE, MIAMI, FL 33172**

**ARTICLE IV – Initial Member:**

The name and address of the person who is to serve as initial member is:

**LI HUI HSU YU  
8755 NW 35<sup>TH</sup> LANE, MIAMI, FL 33172**

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

✓   
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.)

LI HUI HSU YU  
Typed or printed name of signer

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STATE  
OF FLORIDA