LU5000068640

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900056654779

- 07/13/05--01003--013 **155.00



LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973	Programme of the second of the
CORPORATION NAME(S) & DOCUMENT NUM	Office Use Only IBER(S), (if known):
1. CAPITAL INVESTMENT	5 DF NAPLES, ELEC
2(Corporation Name) (Document #)
3. (Corporation Name)	Document #)
<u> </u>	Document #)
Walk in Pick up time 5.00 Mail out Will wait Photo	Certified Copy Copy Certificate of Status
Profit Ame Not for Profit Resi Limited Liability Cha	endment gnation of R.A., Officer/Director nge of Registered Agent olution/Withdrawal ger
Annual Report Fore Lim.	ited Partnership Istatement Iemark
	Examiner's Initials

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
The name of the Limited Liability Company is: CAPITAL INVESTMENTS OF NAPLES, U
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
985 Everglades Blvd South NAPles FL 34117
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
The name and the Florida street address of the registered agent are: \[\frac{\alpha \leftit{berto} \ Carrens}{\alpha \text{Struck}} \] \[\frac{\alpha \leftit{berto} \ \Carrens \text{Name}}{\alpha \text{Struck}} \] \[\frac{\alpha \text{Name}}{\alpha \text{Struck}} \] \[\frac{\alpha \text{Name}}{\alpha \text{Struck}} \]
COC Excess Name
- (83 - 14) Maces 12/12 300 -
Florida street address (P.O. Box NOT acceptable) NAPIES FL 34117
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
allhedo Camen
Registered Agent's Signature
Article IV - Management (Check box if applicable.)
The Limited Liability Company is to be managed by one manager or more managers and is,
therefore, a manager - managed company.
Alberto Carreras Managers.
Ugtalina Carreras Managers.
(An additional article must be added if an effective date is requested)
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.)

FILING FEES:

Typed or printed name of signee

\$ 100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (OPTIONAL) \$ 5.00 Certificate of Status (OPTIONAL)