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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. WBF MAPLES LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
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**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☒ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is: WBF NAPLES LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☐ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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

The name and the Florida Street address of the registered agent shall be:

Aimara Gonzalez, 7550 Mission Hills Drive, Naples, FL 34119

**ARTICLE IV: Manager(s) or Managing Member(s): (See Attached Schedule "A")**

Dated: May 1, 2006



Signature of a member or authorized representative of a member

AIMARA GONZALEZ

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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FLORIDA

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY  
WBF NAPLES LLC**

**SCHEDULE "A"**

**ARTICLE IV: Manager(s) or Managing Member(s)**  
**The name and address of each Manager or Managing Member shall be:**

**MGRM**                      **Aimara Gonzalez**  
7550 Mission Hills Drive,  
Naples, FL. 34119

**MGRM**                      **Gregory Sequeira**  
7550 Mission Hills Drive,  
Naples, FL. 34119

**ARTICLE V: Effective date shall be after Secretary of State approval:**

**Authorized Member:**

  
**AIMARA GONZALEZ**

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

WBF NAPLES LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

7550 MISSION HILLS DRIVE

SUITE 304

NAPLES FL 34119

#### Mailing Address:

SAME

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

GISELLE MELENDI

Name

3680 4TH AVENUE SE

Florida street address (P.O. Box NOT acceptable)

NAPLES FL 34117

FL

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 (REQUIRED)

(CONTINUED)

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06/02/16

**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

AIMARA GONZALEZ

220 12TH AVENUE SE

NAPLES FL 34117

MGR

GISELLE MELENDI

3680 4TH AVENUE SE

NAPLES FL 34117

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JULY 1, 2006 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

AIMARA GONZALEZ

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)