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(Re	equestor's Name)	
(A.1	dress)	
DA)	aress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Effective Date 60101

2007 HAY 22 PM 4: 15 SECHETARY OF STATE

COVER LETTER

	of Corporations		
SUBJECT:	Napiui L	LC	
	(Name of Limited	l Liability Company)	" '
The enclosed Art	icles of Organization and fee(s) are su	ubmitted for filing.	
Please return all o	correspondence concerning this matte	r to the following:	
	TREA B	Name of Person)	
	a	Name of Person)	
			
	(Firm/Company)	
	941 MCLEA) STREET (Address)	
			0
	<u>DUNEDIN</u>	State and Zip Code)	<u>,98</u>
For further inform	nation concerning this matter, please		
			0.00
R	EA BATTISTI (Name of Person)	at (S) 155- (Area Code & Daytime Te	elephone Number)
_	eck for the following amount:		
□ \$125.00 Filinį	g Fee \$\int \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•
The name of the Limited Liability Company is:	107
NAPILI LIC	
(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 Comp	any is:
Principal Office Address: Mailing Address:	
941 MCLEAN ST. DINJEDIN FL 34698 DINJEDIN FL 34698	
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:	
TREA BATTIST.	
Name	
941 MCLEAN STREET	
Florida street address (P.O. Box NOT acceptable)	
DUNEDIN FL 34698	
DUNEDIN FL 34698 City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, I	nt as ns of all th and
Drew Britisti As 8	
Registered Agent's Signature (REQUIRED) (CONTINUED) Registered Agent's Signature (REQUIRED) (CONTINUED)	

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Man "MGRM" = Ma	ager anaging Member	Name and Address:
MGR	<u>. </u>	TREA BATTISTI
		941 MCLEAN STREET DWYEDIN FL 34698
MGR	<u>- </u>	CHRISTOPHER BARTON
		CHRISTOPHER BARTON 94 MCLEAN STREET DUNEDIN FL 34698
		
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fective date is l	e date, if other than th	ne date of filing: <u>JW€ 2007</u> . (OPTION be specific and cannot be more than five business da
LE V: Effectiv	e date, if other than the listed, the date must date of filing.)	ne date of filing: <u>JWE 1, 2007</u> . (OPTION be specific and cannot be more than five business da
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