

LOG 000010541

(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



500115987085

01/29/08--01023--015 \*\*155.00

2008 JAN 29 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

LOG-10541

# LISA & SOUSA, LTD.

ATTORNEYS AT LAW

(A PROFESSIONAL CORPORATION)

5 Benefit Street  
Providence, Rhode Island 02904  
Telephone (401) 274-0600  
Facsimile (401) 421-6117

Carl B. Lisa  
Louis A. Sousa •  
Carl B. Lisa, Jr. •  
Rebecca C. Cox •  
John J. Poloski, III •  
Sandra Sousa •  
Thomas E. Romano •

Robert G. Branca, Jr. • †  
Eugene A. Amelio •  
of Counsel

\* (Also Member of Massachusetts Bar)  
† (Also Member of District of Columbia Bar)

January 28, 2008

VIA: FEDERAL EXPRESS

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: BC 5041 NDP, LLC  
Our File No. (new)

To the Clerk:

Enclosed please find original and a copy of the Articles of Organization for the above company, along with the filing fee in the amount of \$155.00. I have also enclosed an extra copy for certification by your office. Please return to me in the enclosed Federal Express envelope as soon as possible. Thank you.

Very truly yours,

LISA & SOUSA, LTD.



John J. Poloski, III

JJP/dac  
Enclosures

2008 JAN 29 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BC 5041 NDP, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John J. Poloski, III, Esquire

(Name of Person)

LISA & SOUSA, LTD.

(Firm/Company)

5 Benefit Street

(Address)

Providence, Rhode Island 02904

(City/State and Zip Code)

For further information concerning this matter, please call:

David McNulty

(Name of Person)

at ( 239 )

593-9111

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2008 JAN 29 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BC 50412NDP, LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

5041 North Del Prado, Cape Coral, FL

9160 The Lane, Naples, FL 34109

**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:

David McNulty

Name

9160 The Lane

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

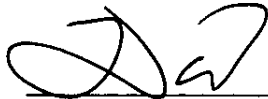
Naples

34109

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)

2008 JAN 29 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

(CONTINUED)

Page 1 of 2

**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:**

MGR

McNULTY MANAGEMENT CORP.

904 Cape Coral Parkway

Cape Coral, FL 33904

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

David N. McNulty, President

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)

FILED  
2008 JUN 29 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA