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(Business Entity Name)

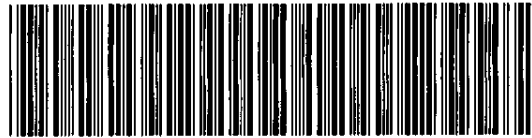
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TALLAHASSEE, FLORIDA

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**B. KOHR**

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**EXAMINER**

W09-4272  
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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Lk Gaudio, LLC

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09 FEB 19 PM 3:02  
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File \_\_\_\_\_
- ☐ LTD Partnership File \_\_\_\_\_
- ☐ Foreign Corp. File \_\_\_\_\_
- ☐ L.C. File \_\_\_\_\_
- ☐ Fictitious Name File \_\_\_\_\_
- ☐ Trade/Service Mark \_\_\_\_\_
- ☐ Merger File \_\_\_\_\_
- ☐ Art. of Amend. File \_\_\_\_\_
- ☐ RA Resignation \_\_\_\_\_
- ☐ Dissolution / Withdrawal \_\_\_\_\_
- ☐ Annual Report / Reinstatement \_\_\_\_\_
- ☒ Cert. Copy \_\_\_\_\_
- ☐ Photo Copy \_\_\_\_\_
- ☒ Certificate of Good Standing \_\_\_\_\_
- ☒ Certificate of Status \_\_\_\_\_
- ☐ Certificate of Fictitious Name \_\_\_\_\_
- ☐ Corp Record Search \_\_\_\_\_
- ☐ Officer Search \_\_\_\_\_
- ☐ Fictitious Search \_\_\_\_\_
- ☐ Fictitious Owner Search \_\_\_\_\_
- ☐ Vehicle Search \_\_\_\_\_
- ☐ Driving Record \_\_\_\_\_
- ☐ UCC 1 or 3 File \_\_\_\_\_
- ☐ UCC 11 Search \_\_\_\_\_
- ☐ UCC 11 Retrieval \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: Seth 2/19 11:00  
Name Date Time

**Martoccio & DeFilippo, P.A**  
**Attorneys & Counselors At Law**  
3380 Woods Edge Circle, Suite 104  
Bonita Springs, Florida 34134  
Telephone: (239) 495 - 9007  
Fax: (239) 495-3007

**FAX COVER SHEET**

**TOTAL NUMBER OF PAGES**  
**INCLUDING THIS PAGE: 3**

**TO:** Capital Connection

**FAX:** (850) 222-1222

**FROM:** Jennifer Roberts

**PHONE:** (239) 495-9007

**DATE:** February 19, 2009

**FAX:** (239) 495-3007

**RE:** LK Gaudio, LLC

THE INFORMATION CONTAINED IN THIS FAX IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL ATTORNEY WORK PRODUCT AND/OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT), YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US BY TELEPHONE (COLLECT) AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS ABOVE AT OUR EXPENSE.

**COMMENTS:**

Please find attached the Articles of Incorporation for LK Gaudio, LLC for filing.

I would like to order a corporate kit for the above-mentioned Florida LLC, as well as a Certificate of Status. Please send the completed documents and invoice to the above address.

Please do not hesitate to call, if you have any questions. Thank you.

**SHOULD YOU HAVE ANY PROBLEMS RECEIVING THIS TRANSMISSION,**  
**PLEASE CALL (239) 495-9007.**

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CLERK OF DISTRICT COURT  
FALLAH SEE, E. FLORIDA

Prepared by:  
Martoccio & DeFilippo, P.A.  
3380 Woods Edge Circle, Suite 104  
Bonita Springs, Florida 34134

FILED  
09 FEB 19 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
LK GAUDIO, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I  
NAME**

The name of the limited liability company shall be:  
**LK GAUDIO, LLC**

**ARTICLE II  
ADDRESS**

The mailing address of the principal office of the company is: **1870 Ivory Cane Point, Naples, Florida 34119.**

The street address of the principal office of the company is: **1870 Ivory Cane Point, Naples, Florida 34119.**

**ARTICLE III  
REGISTERED OFFICE AND AGENT**

The name of the registered agent of the company in the state of Florida is **Nicholas DeFilippo.**

The street address of the registered agent of the company in the state of Florida is **Martoccio & DeFilippo, P.A., 3380 Woods Edge Circle, Suite 104, Bonita Springs, Florida 34134.**

*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 F.S. Chapter 608.*

  
Signature of Registered Agent


**ARTICLE IV  
MANAGEMENT**

The name and address of each Manager or Managing Member is as follows:

<b>Managing Member:</b>	<b>Louis J. Gaudio</b>
<b>Address:</b>	<b>1870 Ivory Cane Point Naples, Florida 34119.</b>

<b>Managing Member:</b>	<b>Karen Gaudio</b>
<b>Address:</b>	<b>1870 Ivory Cane Point Naples, Florida 34119.</b>

**REQUIRED SIGNATURES:**

  
\_\_\_\_\_  
**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.

Louis J. Gaudio  
\_\_\_\_\_  
Typed or printed name