

17. 2009 5:14PM

SALVATORI & WOOD

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SALVATORI & WOOD, BUCKEL & WEIDENMILLER, PL  
Account Number : I20030000112  
Phone : (239) 552-4100  
Fax Number : (239) 649-1706

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

NAPLES CAPITAL CONSTRUCTION MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AUG 19 2009

EXAMINER

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 AUG 18 AM 9:09

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

((H09000183679 3)))

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Naples Capital Construction Management, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Leo J. Salvatori

Name of Person

Salvatori, Wood, Buckel & Weidenmiller, P.L.

Firm/Company

9132 Strada Place - Fourth Floor

Address

Naples, FL 34108

City/State and Zip Code

scs@swbw-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leo J. Salvatori

Name of Person

at ( 239 )

552-4100

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (08/05)

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(((H09000183679 3)))

**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:  
Naples Capital Construction Management, 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:

Article I - The Name of the Limited Liability Company is:

Naples Capital Residential, LLC

Article V - The Name and Address of Managing Member/Managers are:

Naples Capital Group, LLC, 9132 Strada Place, Fourth Floor, Naples, FL 34108

**OR**



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

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

Dated: August 17 2009

  
Signature of a member or authorized representative of a member

Leo J. Salvatori

Typed or printed name of signer

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

CR2E062 (08/05)

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09 AUG 18 AM 9:09

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L09000071013  
FILED 8:00 AM  
July 23, 2009  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:

NAPLES CAPITAL CONSTRUCTION MANAGEMENT, LLC

**Article II**

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

9132 STRADA PLACE  
FOURTH FLOOR  
NAPLES, FL. US 34108

The mailing address of the Limited Liability Company is:

9132 STRADA PLACE  
FOURTH FLOOR  
NAPLES, FL. US 34108

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

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

SALVATORI, WOOD, BUCKEL & WEIDENMILLER  
9132 STRADA PLACE  
FOURTH FLOOR  
NAPLES, FL. 34108

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.

Registered Agent Signature: LEO J. SALVATORI



**Article V**

The name and address of managing members/managers are:

Title: MGR  
VITO CIARAMITARO  
5490 LEE STREET  
LEHIGH ACRES, FL. 33971 US

Title: VMGR  
GREG WALLS  
9132 STRADA PLACE, FOURTH FLOOR  
NAPLES, FL. 34108 US

Signature of member or an authorized representative of a member

Signature: LEO J. SALVATORI

L09000071013  
FILED 8:00 AM  
July 23, 2009  
Sec. Of State  
nculligan