



Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)

: (850)617-6383

From

Account Name : SALVATORI & WOOD, BUCKEL & WEIDENMILLER, PL

Account Number : I20030000112 Phone : (239)552-4100

Fax Number (239)649-1706

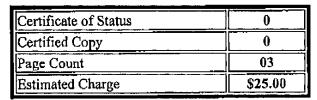
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

NAPLES CAPITAL CONSTRUCTION MANAGEMENT, LLC

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AUG 19 2009



CR2E062 (08/05)

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COVER LETTER

	ition Section t of Corporations			•			
SUBJECT:	SUBJECT: Naples Capital Construction Management, LLC						
	Name o	of Limited Lie	ibility Co	mpany			
Dear Sir or Mada	am.						
			a a u				
The enclosed Art	ticles of Correction and fee(s) a	re submitted	for filing.				
Please return all	correspondence concerning this	s matter to the	followin	g;			
	Leo J. Salvatori			<u>.</u>			
	Name of Person		•				
Salvatori, Wood, Buckel & Weidenmiller, P.L.							
	Firm/Company			-			
A .	100 Oct 1: DI	41- El					
91	9132 Strada Place - Fourth Floor						
	Naples, FL 34108						
W-1	City/State and Zip Code						
	ana@awbw.law.oo						
E-mail add	scs@swbw-law.cor	nal report not	ification)	_			
For further information concerning this matter, please call:							
	Leo J. Salvatori	at (239	γ.	552-4100		
	Name of Person		Area Co	ode & Dayti	me Telephone Number		
	•						
STREET/COURIER ADDRESS:			MAILING ADDRESS: Registration Section				
Registration Section Division of Corporations			Division of Corporations				
Clifton Building			P.O. Box	6327			
2661 Executive Center Circle Tallahassco, Florida 32301			Taliahass	sce, Florida 32314			
Enclosed is a ch	eck for the following amount	:					
\$25 Filing Fee & S30 Filing Fee & S55 Filing Fee & Certificate of Status		Cert	Filing Fee, Ifficate of Status & Iffied Copy				

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ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

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

FIRST	;	The name of the limited liability comp Naples Capital Constructi	iny is: on Management, LLC					
SECO!	ND:	The articles of organization or the appl	ication to transact business					
(CH	ECK T	HE APPROPRIATE BOX AND COMP	LETE THE APPLICABLE STATEMENT					
$\overline{\mathbf{X}}$	incorre	ns an incorrect statement. The incorrected, and the corrected statement are as for a The Name of the Limited Liability	llows:	-				
	Naple	les Capital Residential, LLC						
	Article	V - The Name and Address of Man	aging Member/Managers are:	•				
	Naple	s Capital Group, LLC, 9132 Strada I	Place, Fourth Floor, Naples, FL 34108	•				
	<u>OR</u>							
		efectively signed. The manner in which propriate correction are as follows:	the document was defectively signed and					
				•				
				•				
				•				
Dated:	•	August 17	7 2009	•				
		Signature of a member or authorized	representative of a member					
		Leo J. Salva	•					
		Typed or printed nar	· · · · · · · · · · · · · · · · · · ·	OU RUG				
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	OG TO				
CR2E067	2 (08/05)	•		Alti Si				

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

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