L9900012735

(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:
m06-223
189 4105 671

Office Use Only

W09-28552



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06/17/09--01011--026 **150.00

TILED
2009 JUL 28 AN IO: C

M. THOMAS
JUL 2 9 2009
EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	STREAMLINE (Name of Resulting	REALTY OF Florida Limited Company)	Naples, LLC	<u> </u>
	siness Entity" into a "	ticles of Organization, Florida Limited Liabil		to
Please return all corre	espondence concerning	g this matter to:		
	(Contact Person)			
STREAMLLE	Firm/Company)	F Naples, LCC		دے
2291 Ja	C BIVd		E	SEC BY
Naples,	(Address) F(. 341) City, State and Zip Code)	09	ָרָ בַּרָ	128 T
(0	City, State and Zip Code)			E.FL.
	on concerning this mat	· •		器。
	. Guido		9-4170	_
(Name of Conta	ct Person)	(Area Code and Da	aytime Telephone Number)	
Enclosed is a check for	or the following amou	int:		
\$150.00 Filing Fees \$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status	·
STREET ADDRESS	S:	MAILING A		
Registration Section		Registration 3		
Division of Corporati Clifton Building	ons	Division of C P. O. Box 63		
2661 Executive Center	er Circle	Tallahassee,		
Tallahassee, FL 3230				



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 18, 2009

VALERIE A. GUIDO 2291 J & C BLVD. NAPLES, FL 34109

SUBJECT: STREAMLINE REALTY OF NAPLES, LLC

Ref. Number: W09000028552

We have received your document for STREAMLINE REALTY OF NAPLE And your check(s) totaling \$150.00. However, the enclosed document has got been filed and is being returned for the following correction(s):

You must submit Articles of Organization for the resulting Florida limited liability company along with the Certificate of Conversion. The Articles of Organization must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 309A00020813

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Certificate of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this
Certificate of Conversion is:
(Enter Name of Other Business Entity) Certificate of Conversion is: STREAMLINE REALTY OF Naples, LLC
2. The "Other Business Entity" is a LIMITED LIABILITY EFME
(Enter entity type. Example: corporation, limited partnership, sole proprieta ships
general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of DELAWARE (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
on January 11, 2006. (Enter date "Other Business Entity" was first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
STREAMLINE REALTY OF Naples, LLC. (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 15 day of June 20 2009.	
Signature of Member or Authorized Representative of Limited Liability Company:	
Signature of Member or Authorized Representative:	
Printed Name: Valerie A. Guido Title: WEMBER	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]	
Signature:	
Printed Name: /Hrturo V. Guido Title: MANAGER	
Signature: Saleur Aguido	
Printed Name: Valerie A. Guido Title: MEVNVSER	
Signature:	
Printed Name: Frank Guido Title: MEMBER	
Signature: Printed Name: Title MEM Ber PR 28 Signature:	
Printed Name: Tittany (24, do Title: MEMBET PE	
Signature: Signature:	(3)
Printed Name: Title: Title:	
Printed Name: Title:	P. Greek
Printed Name: Title: 3A S	
If Florida Corporation:	
Signature of Chairman Vice Chairman Disease or Officer	

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy:

\$30.00 (Optional)

Certificate of Status:

\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Ctroomline D	cally of Nanios III C	
(<u>N</u>	Aust end with the words "Lin	ealty of Naples, LLC nited Liability Company," "L.L.C.," or "LLC.")
·			
ARTICLE II - A		of the principal office of the Limite	d Lichility Company is:
The maning addr	ess and street address	of the principal office of the Limite	a Liability Company is:
Principal Office	Address:	Mailing Address:	
		_	
2291 J&C Blvd.		Same	
2291 J&C Blvd. Naples, Florida	34109	Same	
	34109	Same	
Naples, Florida	Dagistarad Agant De	egistered Office & Registered Age	ent's Signature:
Naples, Florida ARTICLE III - I (The Limited Liability	Registered Agent, Re	egistered Office, & Registered Ago	ent's Signature:
ARTICLE III - I (The Limited Liability business entity with an	Registered Agent, Re Company cannot serve as its nactive Florida registration.)	egistered Office, & Registered Age own Registered Agent. You must designate an	ent's Signature: individe of another LASS
ARTICLE III - I (The Limited Liability business entity with an	Registered Agent, Re Company cannot serve as its nactive Florida registration.)	egistered Office, & Registered Ago	individe francing
ARTICLE III - I (The Limited Liability business entity with an	Registered Agent, Recompany cannot serve as its a active Florida registration.)	egistered Office, & Registered Age own Registered Agent. You must designate an	individual Secretary SECRETARY ALLAHASSE
ARTICLE III - I (The Limited Liability business entity with an	Registered Agent, Recompany cannot serve as its a active Florida registration.)	egistered Office, & Registered Age own Registered Agent. You must designate an s of the registered agent are:	individual Secretary SECRETARY ALLAHASSE
ARTICLE III - I (The Limited Liability business entity with an	Registered Agent, Recompany cannot serve as its a active Florida registration.) Florida street addres	egistered Office, & Registered Ago own Registered Agent. You must designate an s of the registered agent are: alerie A. Guido	individual Secretary SECRETARY ALLAHASSE
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ARTICLE III - I (The Limited Liability business entity with an	Registered Agent, Recompany cannot serve as its a active Florida registration.) Florida street addres	egistered Office, & Registered Age own Registered Agent. You must designate an s of the registered agent are: alerie A. Guido Name 20 5th St South dress (P.O. Box NOT acceptable)	individual Secretary SECRETARY ALLAHASSE

registered agent and agree to act in this capacity. I further agree to comply with the provisions of 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..

(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:

" A C C C C C C C C C C C C C C C C C C	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGR	Arturo V. Guido	
	2020 5th St South	
	Naples, Florida 34102	
MGRM	Valerie A, Guido	SI
	2020 5th St South	5 %
	Naples, Florida 34102	
		500
MGRM	Frank Guido	Ma Z
	2020 5th St South	- Tun E
	Naples, Florida 34102	EF. FLORIE
MODM	T''' 0 : 1	Series 1
MGRM	Tiffany Guido	
	2020 5th St South	
(Lica attachment if necessary)	Naples, Florida 34102	
(Use attachment if necessary)	Naples, Florida 34102	
•	·	 OPTIONAL
LE V: Effective date, if other tha	an the date of filing: (
LE V: Effective date, if other that fective date is listed, the date m	·	
LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.)	an the date of filing: (
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of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)