

L10000040109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

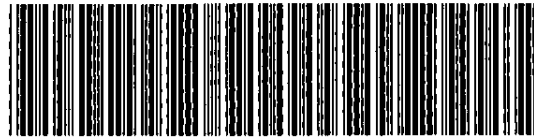
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900173799279

04/14/10--01010--018 \*\*155.00

RECEIVED  
10 APR 14 AM 10:51  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

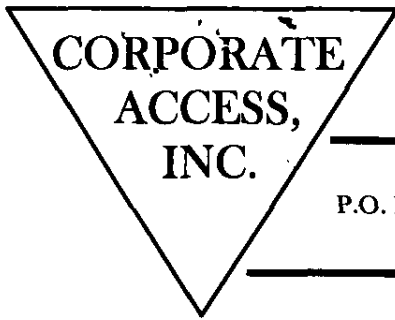
EFFECTIVE DATE 4/8/2010

FILED  
10 APR 14 PM 2:42  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

B. KOHR

APR 14 2010

EXAMINER



*"When you need ACCESS to the world"*

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

414-10

FILED  
DIVISION OF CORPORATIONS  
10 APR 16 PM 2:42



CERTIFIED COPY



PHOTOCOPY



CUS



FILING

EFFECTIVE DATE 4/8/2010

LLC

1.

HNZ Properties, LLC  
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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

EFFECTIVE DATE 4/8/2010

ARTICLES OF ORGANIZATION  
FOR  
HNZ PROPERTIES, LLC  
FLORIDA LIMITED LIABILITY COMPANY

FILED  
DIVISION OF CORPORATIONS  
10 APR 16 PM 2:42

**ARTICLE I - NAME:**

The name of the Limited Liability Company is: HNZ PROPERTIES, LLC

**ARTICLE II - ADDRESS:**

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

PRINCIPAL OFFICE ADDRESS:  
2390 Tamiami Trail North, Suite 204  
Naples, FL 34103

MAILING ADDRESS:  
2390 Tamiami Trail North, Suite 204  
Naples, FL 34103

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:** The Name and the Florida street address of the registered agent are:

Charles M. Kelly, Jr.  
Name  
2390 Tamiami Trail North, Suite 204  
Florida street address (P.O. Box **NOT** acceptable)  
Naples, FL 34103  
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

**ARTICLE IV - MANAGER(S) OF 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

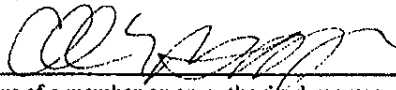
Frederico Zuccarelli

12 Gulf Shore Blvd North  
Naples, FL 34102

**ARTICLE V - EFFECTIVE DATE**

The effective date of HNZ PROPERTIES, LLC is 4/8/10.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with §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.)

Charles M. Kelly, Jr

**FILING FEES:**

**\$100.00 Filing Fee for Articles of Organization**

**\$25.00 Designation of Registered Agent**

**\$30.00 Certified Copy (OPTIONAL)**

**\$5.00 Certificate of Status (OPTIONAL)**