

L1UUVUV125364

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

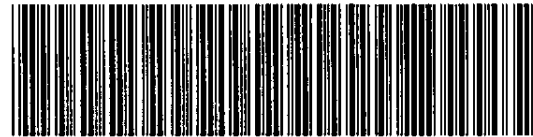
(Business Entity Name)

(Document Number)

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

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EXAMINER

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DIVISION OF CORPORATIONS  
10 DEC - 6 PM 12:46

# SANTEN & HUGHES

A Legal Professional Association

600 Vine Street, Suite 2700  
Cincinnati, Ohio 45202  
www. Santen-Hughes.com

Karen W. Crane Corporate Paralegal  
[KWC@santen-hughes.com](mailto:KWC@santen-hughes.com)

Telephone: (513) 721-4450  
Fax: (513) 721-0109

December 3, 2010

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

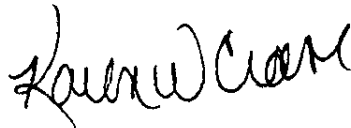
Dear Sir or Madam:

Enclosed please find a cover letter required by your office, as well as Articles of Organization to qualify N and D Naples Condo, LLC to do business in the State of Florida. A copy of the Articles of Organization is also enclosed for you to stamp and return to me in the envelope provided. I have enclosed a check in the amount of \$125 to cover the filing fee.

We would appreciate prompt notification of the filing of the enclosed. In the meantime, if you have any questions, please do not hesitate to call collect.

Yours very truly,

SANTEN & HUGHES



Karen W. Crane  
Corporate Paralegal

KWC/mag  
Enclosures

Charles M. Meyer†  
Charles E. Reynolds  
John D. Holschuh, Jr.†  
James P. Wersching  
C. Gregory Schmidt†

William E. Santen, Jr.  
William A. DeCenso  
Sarah Tankersley†  
Edward S. Dorsey  
Katrina Z. Farley†

William J. Liss  
J. Robert Linneman†  
Deepak K. Desai  
Andrew W. Weisenberger†  
Brian P. O'Connor

Senior Counsel:  
William E. Santen  
James J. Chalfie

† Also admitted in KY  
\* Also admitted in FL & MA

FILED STATE  
SECRETARY OF CORPORATIONS  
10 DEC -6 PM 12:16

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** N and D Naples Condo, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Karen W. Crane

Name of Person

Santen & Hughes

Firm/Company

600 Vine Street, Suite 2700

Address

Cincinnati, Ohio 45202

City/State and Zip Code

kwc@santen-hughes.com

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

For further information concerning this matter, please call:

Karen Crane

Name of Person

at ( 513 )

721-4450

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

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

**Street/Courier Address**

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

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DIVISION OF CORPORATIONS  
10 DEC -6 PM 12:46

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

N and D Naples Condo, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

1920 Dexter Avenue

Cincinnati, Ohio 45206

#### Mailing Address:

1920 Dexter Avenue

Cincinnati, Ohio 45206

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** acceptable)

Plantation

FL 33324

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..*

C T Corporation System

By:

See Next Page

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS  
10 DEC - 6 PM 12:46

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

N and D Naples Condo, LLC

If unavailable, the alternate to be used in the state of Florida is:

\_\_\_\_\_

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System

(Name)

1200 South Pine Island Road

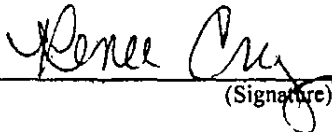
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation

FL 33324

City/State/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, Florida Statutes.*

  
(Signature)

Renee Cruz, Asst. Secretary

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

**ARTICLE IV- Manager(s) or 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:**

MGRM

Nancy Crace

1920 Dexter Avenue

Cincinnati, Ohio 45206

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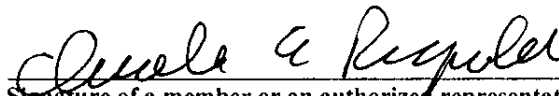
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Charles E. Reynolds, Authorized Representative

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

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

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