

Dec. 21, 2010 12:26PM

L10000130093

No. 0791 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H10000273633 3)))



H100002736333ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

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

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
10 DEC 21 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
PTL Holdings LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FILED  
10 DEC 21 AM 7:57  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

DEC 22 2010

<https://efile.sunbiz.org/scripts/efilcovr.exe>

EXAMINER

12/21/2010

H10000273633 3

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PTL Holdings, 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:

Leo J. Salvatori

Name of Person

Salvatori, Wood & Buckel

Firm/Company

9132 Strada Place, Fourth Floor

Address

Naples, FL 34108-2683

City/State and Zip Code

ljs@swbnaples.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 ) 552-4106

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

H10000273633 3

H10000273633 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**PTL Holdings, 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:**

801 Laurel Oak Drive, Suite 102 Naples, FL 34108

**Mailing Address:**

801 Laurel Oak Drive, Suite 102 Naples, FL 34108

**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:

Salvatori Wood & Buckel PL

Name

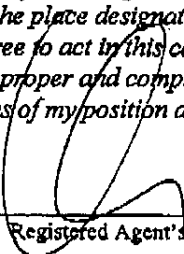
9132 Strada Place, Fourth Floor

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

Naples FL 34108-2683

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

H10000273633 3

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 DEC 21 AM 7:57

H10000273633 3

**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:**

MGR

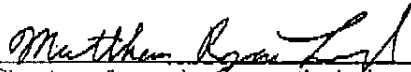
M. Ryan Lund

801 Laurel Oak Drive, Suite 102 Naples, FL 34108

(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.)

M. Ryan Lund

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)