

L12000008179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

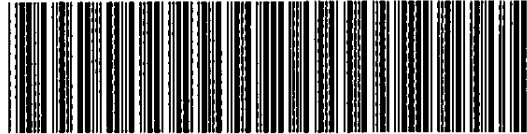
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EXAMINER

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Maguire

LEGAL GROUP

ROBERT D. MAGUIRE*
MICHELLE L. BAKER
GARY K. FRY**

January 12, 2012

PRIORITY MAIL

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Naples Adventures LLC

Dear Division of Corporations:

Enclosed are the following for Naples Adventures, LLC.

1. Cover letter.
2. Articles of organization for Naples Adventures, LLC.
3. Check in the amount of \$160 for the filing fee, certificate of status, and certified copy.
4. Copy of the articles of organization.

Please file the articles and return the certificate of status and certified copy to me at the address indicated on this letterhead.

Very truly yours,

Robert D. Maguire

RM/cs

Enclosures

190 EAST AVENUE
TALLMADGE, OHIO 44278
PHONE 330-633-0666
FAX 330-633-0626
www.maguirelegalgroup.com

*ALSO LICENSED IN FLORIDA

**ALSO LICENSED IN UTAH

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Naples Adventures, 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:

Robert D. Maguire

Name of Person

Maguire Legal Group

Firm/Company

190 East Avenue

Address

Tallmadge, OH 44278

City/State and Zip Code

carloscuellod@gmail.com

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

For further information concerning this matter, please call:

Robert D. Maguire

Name of Person

at (330) 633-0666

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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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Naples Adventures, 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:

375 5th Avenue South
Naples, Florida 34102

Mailing Address:

375 5th Avenue South
Naples, Florida 34102

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:

Carlos Cuello

Name

375 5th Avenue South

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

Naples, FL 34102

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.

Carlos Cuello

Registered Agent's Signature (REQUIRED)

Carlos Cuello

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

Carlos Cuello

375 5th Avenue South

Naples, Florida 34102

(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.)

Carlos Cuello

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)

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TALLAHASSEE, FLORIDA