

L12 000128895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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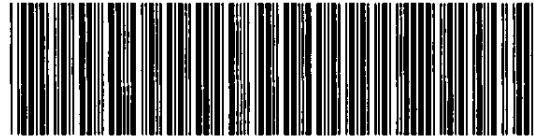
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

OCT 16 2012

EXAMINER

COVER LETTER

Doc# L12000128895

TO: Registration Section
Division of Corporations

SUBJECT: Nortkaye Partnership LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Stuart Kaye

Name of Person

Nortkaye Partnership LLC

Firm/Company

1556 Serenity Circle

Address

Naples, FL 34110

City/State and Zip Code

jkaye@kayecompanies.com

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

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SECRETARY OF STATE

For further information concerning this matter, please call:

Stuart Kaye

Name of Person

at (239)

777-7815
Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (08/05)

Doc # L12000128895

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
 Nortkaye Partnership LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article IV omitted and should include the following MGRM:

Stuart Kaye

1556 Serenity Circle

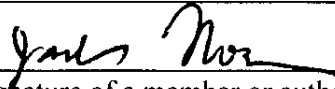
Naples, FL 34110

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: October 10, 2012


Signature of a member or authorized representative of a member

Jack Nortman, Member
Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

2012 OCT 15 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L12000128895
FILED 8:00 AM
October 10, 2012
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:
NORTKAYE PARTNERSHIP LLC

Article II

The street address of the principal office of the Limited Liability Company is:
4400 GULF SHORE BLVD N
UNIT 405
NAPLES, FL. 34103

The mailing address of the Limited Liability Company is:
4400 GULF SHORE BLVD N
UNIT 405
NAPLES, FL. 34103

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
JACK NORTMAN
4400 GULF SHORE BLVD N
UNIT 405
NAPLES, FL. 34103

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.

Registered Agent Signature: JACK NORTMAN

Article V

The name and address of managing members/managers are:

Title: MGRM
JACK NORTMAN
4400 GULF SHORE BLVD N
NAPLES, FL. 34103

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FILED 8:00 AM
October 10, 2012
Sec. Of State
nculligan

Signature of member or an authorized representative of a member

Electronic Signature: JACK NORTMAN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.