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SECRETARY OF STATE STATE OF CORPORATIONS

C. LEWIS

NOV -6 2012

EXAMINER

### COVER LETTER

10: Registration Sec Division of Corp		et.	· · · · · · · · · · · · · · · · · ·
	e Capital Inve	stments, LLC.	
SUBJECT:	Name of Limit	ed Liability Company	
The englaced Amigles of C	Organization and fee(s) are	submitted for filing	
Please return all correspon	dence concerning this matt	ter to the following:	
Carl M. Fe	rnstrom		
	<del>_</del>	Name of Person	
	<del></del>	Firm/Company	
3096 Tam	iami Trail N,	Suite 1	
<del></del>		Address	
Naples, FL. 34	4103		
		y/State and Zip Code	
info.dreg@gn	nail.com		
	E-mail address: (to be used	for future annual report notification)	
For further information co	ncerning this matter, please	e call:	
Carl M. Fernstrom	l	at (239 ) 403-970	00
Name of	Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	s

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

01110110 - 00	any is:	
Must end with the words "Limit	PITAL INVESTMENTS, LLC. ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
3096 Tamiami Trail N, Ste 1 Naples, Fl. 34103	PO Box 767 Naples, Fl. 34106	

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

# ARTICLE IV- Manager(s) or Managing Member(s):

2012 NOV -5 PM 1: 16

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGR	Carl M. Fernstrom
	3096 Tamiami Trail N, Ste 1 Naples, FL, 34103
MGR	David V. Gust
	3096 Tamiami Trail N, Ste 1 Naples, Fl. 34103
<del></del>	
	<del></del>
(Use attachment if necessary)	
· · · · · · · · · · · · · · · · · · ·	the date of filing: 10/28/2012 (OPTIONAL) be specific and cannot be more than five business days prior

### **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.)

CARL M. FERNSTR Dry
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)