

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.

(((H13000001142 3)))



H1300B0011423ABCM

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 : HUBCO

Account Number : 104662003400

Phone

: (516)935-3940

Fax Number

: (516)935-3088

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

Email Address: N/A

N-2 AM 8:21

FLORIDA LIMITED LIABILITY CO.

Naples Eight LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$130.00 |

B. BOSTICK

'JAN - 3 2013

EXAMINER

H13000001142

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name
The name of the Limited Liability Company is: Napies Eight LLC

ARTICLE II - Address

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

| Principal Office Address: | Mailing Address: | |
|---|---|----------|
| 7631 Palmer Court | 7631 Paimer Court | _ |
| Naples, FL 34113 | Naples, FL 34113 | |
| ARTICLE III - Registered The name and Florida street addres | Agent, Registered Office & Registered Agent's Signature s of the registered agent are: Frank Meak Name 7631 Palmer Court (P.O. Box or Mall Drop Box NOT Acceptable) TALLARY AH 8: 2 | T |
| | Frank Meak Name | MO |
| | 7631 Palmer Court 99 | |
| | (P.O. Box or Mall Drop Box NOT Acceptable) Naples, FL 34113 (City / State / Zip) | |
| | l agent and to accept service of process for the above stated limited liability compan rtificate. I hereby accept the appointment as registered agent and agree to act in this | |

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.

| Frank Medis | | |
|--------------------------------|------------|--|
| Registered Agent's Signature - | Frank Meak | |

H13000001142

| ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: | | HISOLOGOTI |
|---|---|------------|
| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: | |
| MGR | Frank Meak - 7631 Palmer Court, Naples, FL 34113 | |
| | | |
| (Use attachment if necessary) | | |
| REQUIRED SIGNATURE: | | |
| Fronk | - Meaks | |
| Signature o | f a member or authorized representative of a member. | |
| | ce with section 608.408(3). Florida Statutes, the execution of this stitutes an affirmation under the penalties of perjury that the fa are true.) | |
| | Frank Meak | |
| | Typed or printed name of signee | |

13 JAN - 2 AM 8: 21
SECRETARY OF STATE