

#L13000035171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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100243426271

EFFECTIVE DATE
2-27-2013

01/14/13--01057--015 **140.00

FILED
13 MAR -6 PM 3:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 7 - 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2013

NANCY HORANZY
9 SCHOOL STREET, STE. 5
EAST GRANBY, CT 06026

SUBJECT: NAPLES L.T.D. PROPERTY MANAGEMENT, LLC
Ref. Number: W13000005673

We have received your document for NAPLES L.T.D. PROPERTY MANAGEMENT, LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "L.T.D.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 14, 2013. Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 313A00002219

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Naples L.T.O. Property Management, 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:

Nancy Horanzy
Name of Person

Naples L.T.O. Property Management, LLC
Firm/Company

9 School Street, Suite 5
Address

East Granby, CT 06026
City/State and Zip Code

ltdnaples@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Horanzy at (860) 413-9917
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
2-27-2013

~~222 Industrial Boulevard, Suite 127, Naples, FL 34104~~ Naples Residential
Management, 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:

222 Industrial Boulevard
Suite 127
Naples, FL 34104

Mailing Address:

9 School Street, Suite 5
East Granby, CT 06026

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:

Sherril Elmore
Name
8075 Tiger Cove Drive, Apt. 1705
Florida street address (P.O. Box NOT acceptable)
Naples FL 34113
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Sherril Elmore

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"MGRM" = Managing Member

Name and Address:

MGRM

Nancy Horanzy
72 Schoolhouse Landing
East Granby, CT 06026

m G R m

Nicolas Paredes, 8075 Tiger Cone,
~~8075 Tiger Cone, Naples, FL 34113~~ Apt. 1705
Naples, FL ~~34113~~ 34113
~~8075 Tiger Cone, Naples, FL 34113~~

(Use attachment if necessary)

February 27, 2013

ARTICLE V: Effective date, if other than the date of filing: 03/22/2024. (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:

[illegible]

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.)

Nicolas Paredes
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)