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(Re	questor's Name)	
(Ad	dress)	.
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SECRETARY OF STATE TALLAHASSEE, FLORIDA MI3HAR 26 PM I:

COVER LETTER

TO: Registration Section **Division of Corporations**

Concierge Buyer's Realty of Naples, LLC

Name of Limited Liability Company

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

Please

Please return all corres	pondence concerning this mat	er to the following:	
Peter F	Riccardelli		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
			. 12
· · · · · · · · · · · · · · · · · · ·		Firm/Company	ALL SEG
160 Vir	ntage Circle, #	202	2013 HAR 26 SECRETAR'S
		Address	SSI SSI
Naples	, Fl. 34119		PH PH
petericc1	2@gmail.com	ry/State and Zip Code	TATE ORIDA
	·	for future annual report notification)	
For further information	concerning this matter, please	call:	
Peter Ricc	ardelli	239 784-2232	
Name	of Person	Area Code & Daytime Telephone N	lumber
Enclosed is a check to	for the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	.00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ÁRTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limite	ed Liability Comp	any is:	
Concierge Buyer's Realty of	Naples, LLC		
(Must en	I with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addres The mailing address an		f the principal office of the Limited Liabil	ity Company is:
Principal Office Addr	ess:	Mailing Address:	
999 Vanderbilt Beach Road,	Suite 200	160 Vintage Circle, #202	
Naples, Fl. 34108		Naples, Fl. 34119	
(The Limited Liability Compar business entity with an active	ny cannot serve as its ov Florida registration.)	istered Office, & Registered Agent's Signary Registered Agent. You must designate an individual of the registered agent are:	
Pete	er Riccardelli		語第二
		Name	25 25 T
160	Vintage Circle, #202		能是一
	Florida s	street address (P.O. Box <u>NOT</u> acceptable)	To T
	Naples	_{FL} 34119	FLORA
		City, State, and Zip	DM .
	_		

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

<u>Fitle;</u> 'MGR" = Mānager 'MGRM" = Managing Member	Name and Address:
MGRM	Peter Riccardelli
· · · · · · · · · · · · · · · · · · ·	160 Vintage Circle, #202
	Naples, Fl. 34119
	2013 MAR SECRET
	AR 26 MASSEE

REQUIRED SIGNATURE:

prior to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days

__. (OPTIONAL)

(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.)

Peter Riccardelli

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)

ARTICLE V: Effective date, if other than the date of filing: