

L13000074967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

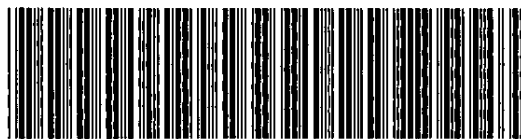
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000248077600

05/21/13--01027--011 **155.00

FILED

2013 MAY 21 PM 3:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 22 2013

D. BRUCE

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CCC Naples, 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:

Jason Weisler

Name of Person

White/Peterman Properties, Inc.

Firm/Company

1000 E. 80th Place - Suite 700 North

Address

Merrillville, IN 46410

City/State and Zip Code

jweisler@whitepeterman.com

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

For further information concerning this matter, please call:

Jason Weisler

at

219 757-3501

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 checked="" 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

CLERK OF STATE
TALLAHASSEE FLORIDA

2013 MAY 21 PM 3:59

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CCC Naples, 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:

1000 E. 80th Place - Suite 700 North
Merrillville, IN 46410

Mailing Address:

1000 E. 80th Place - Suite 700 North
Merrillville, IN 46410

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:

CT Corporation Systems

Name

1200 S. Pine Island Road


Florida street address (P.O. Box NOT acceptable)

Plantation

FL 33324

City, State, and Zip

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.

 Max Bode, Asst. Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 MAY 21 PM 3:59

FILED

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

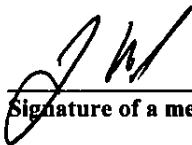
White/Peterman Properties, Inc.

1000 E. 80th Place - Suite 700 North

Merrillville, IN 46410

(Use attachment if necessary)

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.)

Jason Weisler - Senior VP and General Counsel of the Manager

Typed or printed name of signer

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)

2013 MAY 21 PM 3:59
CLERK OF STATE
TALLAHASSEE FLORIDA

FILED