# #113000111013

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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#### UCC Filing & Search Services, Inc.

1574 Village Square Boulevard, Suite 100 Tallahassee, Florida 32309 (850) 681-6528

## HOLD

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AT3453/186337

### CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

SAPIENTE FAMILY INVESTMENTS, LLC

Filing Evidence Plain/Confirmation Copy	Type of Document  ☐ Certificate of Status
□ Certified Copy	□ Certificate of Good Standing
	□ Articles Only
Retrieval Request  □ Photocopy	<ul> <li>All Charter Documents to Include Articles &amp; Amendments</li> <li>Fictitious Name Certificate</li> </ul>
□ Certified Copy	□ Other
NEW FILINGS	AMENDMENTS
Profit	Amendment

NEW FILINGS	
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

	OTHER FILINGS	
Annual Reports		
	Fictitious Name	
	Name Reservation	
Reinstatement		

REGISTRATION/QUALIFICATION
Foreign
Limited Liability
Reinstatement
Trademark
Other

Resignation of RA Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

Merger

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE 2-31-2013
Saplente Family Investments, LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2390 Tamiami Trail North, Sulte #204	2390 Tamiami Trali North, Suite #204
Naples, Florida 34103	Naples, Fiorida 34103
	gistered agent are:
Naples, Florida 34103  City, State	FL O
Having been named as registered agent and to acliability company at the place designated in the registered agent and agree to act in this capacity all statutes relating to the proper and complete and accept the obligations of my position as regional acceptance.	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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

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

"MGR" = Manager "MGRM" = Managing M	mber
MGRM	John Saplente
	8477 Bay Colony Drive
	Naples, Florida 34108
(Use attachment if necessa	ry)
ICLE V: Effective date, if ot	ner than the date of filing: July 31, 2013
effective date is listed, the to or 90 days after the date	date must be specific and cannot be more than five business
REQUIRED SIGNATUI	UR:•
MAXOMIN DIGITATION	
/	

(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.)

Charles M. Kelly, Jr., Organizer

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)