(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP MAIL (Business Entity Name) (Document Number) Certificates of Status_ Certified Copies _____ Special Instructions to Filing Officer:

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J. SAULSBERRY EXAMINER SEP 18 2013

COVER LETTER

		00.21131						
то:	Registration Section Division of Corporations							
SUBJECT: NAPLES CHOCOLATE STROLL, LLC								
500,12		Name of Limited Lial	oility Company					
The end	losed Articles of Organization	on and fee(s) are submit	ed for filing.					
Please r	eturn all correspondence cor	cerning this matter to the	e following:					
	ELLEN J	RICHMAN						
•	Name of Person							
	NAPLES CHUCULATE STRULL							
•		Firm/	Company					
	730 TA	RPON COVE	DRIVE # 201	2 2				
-		Ad	ldress	2013 SEP				
NAPLES, FL 34110 E								
						info @	naples - cl	noculatestrull e annual report notification)
For front			е аппиаттерой поинсалону	**************************************				
FOFTUR	her information concerning t	ms matter, please can.						
	Ellen Richn	n&nat(_	214 401-3 Area Code & Daytime Telep	446				
	Name of Person		Area Code & Daytime Telep	hone Number .				
Enclos	ed is a check for the follow	wing amount:						
⊒ \$125.	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy			\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
		Address ion Section of Corporations	Street/Courier Address Registration Section Division of Corporations					

Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 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:

(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
730 Tarpon Cove Dr. #201 Naples, FL 34110	730 Tarpon Cove Dr. #201 Naples, FL 34110
Naples	egistered agent are:
3.9,2	
liability company at the place designated in the registered agent and agree to act in this capaci	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with

Registered Agent's Signature (REQUIRED)

(CONTINUED)

and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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:

•	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
	MGRM	Ellen Tichman 730 tarpon Cove Dr. H20 Naples, FL 34110	<u></u>	
		•		
			_ _ _	
	(Use attachment if necessary)	, joint 10 miles 10 m	2013 SEP	
(If an	CLE V: Effective date, if other than the date effective date is listed, the date must be or 90 days after the date of filing.)	ate of filing: (OPT) be specific and cannot be more than five be	် ထု	was a section
	REQUIRED SIGNATURE:	75° 75° 75°	23	
		J. Richman oran authorized representative of a member.		
	(In accordance with section 608.40 constitutes an affirmation under the	08(3), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are truition submitted in a document to the Department of State		
	ELIEN	J. RICHMAN d or printed name of signee		
	Filing Fees: \$125.00 Filing Fee for Articles of Organiz			

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)