

L13000148498

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 22 2013

T. BROWN

~~W13-56558~~

~~to do~~

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Luxury Travel of 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:

Martine A. Dorobanti
Name of Person

Luxury Travel of Naples, LLC.
Firm/Company

684 Bow Line Drive
Address

Naples, FL 34103
City/State and Zip Code

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

For further information concerning this matter, please call:

Martine Dorobanti at (239) 287-6276
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2013

MARTINE A DOROBANTI
LUXURY TRAVEL OF NAPLES, L.L.C.
684 BOW LINE DR
NAPLES, FL 34103

SUBJECT: LUXURY TRAVEL OF NAPLES, L.L.C.
Ref. Number: W13000056558

We have received your document for LUXURY TRAVEL OF NAPLES, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 813A00023837

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Luxury Travel of Naples, L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

684 Bow Line Dr
Naples, FL 34103

Mailing Address:

684 Bow Line Dr
Naples FL
34103

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:

Martine Dorobanti

Name

684 Bow Line Drive

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

Naples FL 34103

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.

Martine Dorobanti

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Jacqueline Emma
193 Eugenia Drive
Naples, FL 34108

MGR

Martine Dorobanti
684 Bow Line Dr
Naples, FL 34108

(Use attachment if necessary)

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

Martine Dorobanti

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.)

Martine Dorobanti

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)