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2015 MAR 30 PM 4:11  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

N. Culligan MAR 31 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Golden Properties Management-26192 Earl Rd. Bonita Springs, Florida 34135, 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:

Christopher M. Napolski

Name of Person

Golden Properties Management-26192 Earl Rd. Bonita Springs, Florida 34135, LLC

Firm/Company

P.O. Box 140233

Address

Toledo, OH 43614

City/State and Zip Code

chris.napolski@hotmail.com

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

For further information concerning this matter, please call:

Christopher M. Napolski at ( 419 ) 345-6569

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

March 12, 2015

CHRISTOPHER M. NAPOLSKI  
PO BOX 140233  
TOLEDO, OH 43614

SUBJECT: GOLDEN PROPERTIES MANAGEMENT-26192 EARL RD, BONITA  
SPRINGS, FLORIDA 34135, LLC  
Ref. Number: W15000017707

We have received your document for GOLDEN PROPERTIES MANAGEMENT-26192 EARL RD, BONITA SPRINGS, FLORIDA 34135, LLC and your check(s) totaling \$390.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 915A00005048

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Golden Properties Management-26192 Earl Rd, Bonita Springs, Florida 34135, 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:

210 ROBERT AVE.  
LEHIGH ACRES, FL 33936

Mailing Address:

P.O. Box 148233 210 ROBERT AVE  
Tallah. OH 43814 LEHIGH ACRES, FL 33936

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:

Michael Braswell

Name

210 Robert Ave.

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

Lehigh Acres

FL 33936

City

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 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Christopher M. Napolski

P.O. Box 140233

Toledo, OH 43614

AMBR

Karen S. Frutiger

P.O. Box 140233

Toledo, OH 43614

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



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

(In accordance with section 605.0203 (1) (b), 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.)

Christopher M. Napolski

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)**

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA