## L15000135789

(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:
W15-48815





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07/13/15--01034--023 \*\*115.00



AUG 1 1 2015 W **Painte**r



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 21, 2015

GALYA SANTA CRUZ RIVERO 2055 TRADE CENTER WAY NAPLES, FL 34109

SUBJECT: NAPLES 94, LLC Ref. Number: W15000048815 RECEIVED AUG 3 2015

We have received your document for NAPLES 94, LLC and your check(s) totaling \$115.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 605.0203, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by an authorized representative. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

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.

WESTLEE A PAINTER Regulatory Specialist II

Letter Number: 915A00015240

www.sunbiz.org

## **COVER LETTER**

Division of C								
SUBJECT:		NAPLES 94, LLC	C					
	(Name	of Resulting Florida I	Limited	Company)				
Business Entity" into	s of Conversion, Artic a "Florida Limited Li	ability Company"					"Other	ſ
Please return all corr	espondence concerning	g this matter to:						
GA	LYA SANTA CRUZ RIVI	ero						
	(Contact Person)							
	NAPLES 94, LLC							
\	(Firm/Company)							
2	2055 TRADE CENTER W.	AY						
	(Address)	110						
	NAPLES, FL 34109							
((	City, State and Zip Code)							
g	santacruz@niancorp.com							
E-mail Address: (to b	e used for future annual re	port notifications)						
For further information	on concerning this ma	tter, please call:						
GALYA SANTA	CRUZ RIVERO	at ( 239 )	260-15	23 EXT#102				
(Name of Conta	ct Person)		(Daytin	me Telephone Number)				
Enclosed is a check f	or the following amou	nt:						
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	□\$180,00 Filing F and Certified Copy	,	□\$185.00 Filing Fees, Certified Copy, and Certificate of Status				
STREET ADDRESS	S:	MAILI	NG AI	DDRESS:	ر ج			
Registration Section		Registra	tion Se	ection	(T)	<b>(</b> 21	₩,	•
Division of Corporate	ions			rporations		5	a via	
Clifton Building		P. O. Bo	x 6327	1		į.	grand	-

Tallahassee, FL 32314

INHS11 (06/15)

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	NAPLI	ES 94, LLC		
(Must end with the word	ds "Limited Lia	bility Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the	principal off	ice of the Limite	ed Liability Company is:
Principal Office Address:		<u>Mailing</u>	Address:	
2055 TRADE CENTER WAY		2055 TRA	ADE CENTER WA	ΛY
NAPLES, FL 34109		NAPLES	, FL 34109	
The name and the Florida street ad		NCING CORP		
		CENTER WA		
Florida street	t address (P.	.O. Box <u><b>NO</b>7</u>	[ acceptable)	
N	APLES	FL	34109	
	City		Zip	
Having been named as registere liability company at the place registered agent and agree to ac statutes relating to the proper accept the obligations of my	e designated it in this cap and complet	'in this certifi acity. I furth e performanc	icate, I hereby ac er agree to comp ee of my duties, a	scept the appointment as ply with the provisions of a and I am familiar with and
Registered	l Agent's Si	gnature (RE	QUIRED)	

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	CALVA SANTA CDUZ DIVISDO	
MGR	GALYA SANTA CRUZ RIVERO 2055 TRADE CENTER WAY	
	NAPLES, FL 34109	
		<u> </u>
		<del></del>
• ,	date of filing: (OP	TIONAL
LE V: Effective date, if other than the ffective date is listed, the date must l days after the date of filing.) the date inserted in this block does not meet the date of the Department of State's	date of filing: (OP be specific and cannot be more than five bushe applicable statutory filing requirements, this date will records.	siness da
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LE V: Effective date, if other than the fective date is listed, the date must I days after the date of filing.) the date inserted in this block does not meet the date on the Department of State's LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member This document is executed in age.	the applicable statutory filing requirements, this date will be records.  To an authorized representative of a member ordance with section 605.0203 (1) (b), Florida Statutes	I not be lis
LE V: Effective date, if other than the ffective date is listed, the date must I days after the date of filing.) the date inserted in this block does not meet the seffective date on the Department of State's LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member This document is executed in act I am aware that any false informations.	the applicable statutory filing requirements, this date will be records.	I not be lis

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

ARTICLE IV-

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) Page 2 of 2

Filing Fees