

L19 000183092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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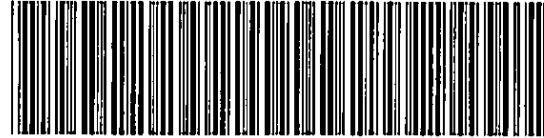
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 JUL 15 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399  
07/15/19--L160

N. CAMS  
JUL 29 2019

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: NPC INVESTORS, 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:

KEVIN P. SHEA  
Name of Person

NPC INVESTORS, LLC  
Firm/Company

2007 ALCANTE COURT  
Address

NAPLES, FLA 34113  
City/State and Zip Code

KEVINPSHEA MD @ COMCAST. NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN P SHEA at ( 860 ) 906-7251  
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**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing 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:

NPC INVESTORS, LLC

(Must contain 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:

7087 ALICANTE COURT  
NAPLES, FL  
34113

Mailing Address:

SAME

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:

KEVIN P. SHEA

Name

7087 ALICANTE COURT

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

NAPLES

FL

34113

City

State

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.*

Kevin P Shea

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

AMBR

AMBR

AMBR

**Name and Address:**

KEVIN P. SHEA

55 SARAH DR.

AVON CT 06001

JAMES FANELLI

715 COURTSIDE DRIVE

NAPLES FL 34105

JOHN DRAGO

7807 ALLIANCE COURT

NAPLES FL 34105

MARGUERITE O'BRIEN

6956 HENT GRASS DRIVE

NAPLES FL 34113

(Use attachment if necessary)

(OVER)

**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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

**REQUIRED SIGNATURE:**

Kevin P. Shea

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

KEVIN P. SHEA

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)

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TALLAHASSEE, FLORIDA

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NPC INVESTORS, LLC

ARTICLE IV (CONT)

AMER

JOSEPH E. PAVANO  
440 DEERCLIFF RD.  
AVON, CT 06001

AMER

DOUGLAS M. HOPE  
57 ORCHARD PARKS LANE  
AVON, CT 06001

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