

L21000 121920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

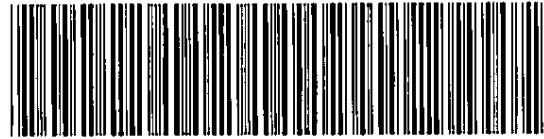
(Business Entity Name)

(Document Number)

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Office Use Only



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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 729840 7977112

AUTHORIZATION



COST LIMIT : \$130.00

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ORDER DATE : March 24, 2021

ORDER TIME : 1:18 PM

ORDER NO. : 729840-005

CUSTOMER NO: 7977112  
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DOMESTIC FILING

NAME: NARS REAL ESTATE HOLDINGS, LLC

EFFECTIVE DATE:

\_\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX \_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
XX \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** NARS Real Estate Holdings, 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:

Samuel F. Colburn, Esq.  
Name of Person  
Woods, Weidenmiller, Michetti & Rudnick, LLP  
Firm/Company  
9045 Strada Stell Court, Suite 400  
Address  
Naples, FL 34109  
City/State and Zip Code  
annakcpa@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna DiBartolo                      239                      642-8600  
Name of Person                      at (                      )                      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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NARS Real Estate Holdings, 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:**

**Mailing Address:**

C/O Anna DiBartolo, CPA  
870 Bald Eagle Drive Suite 3A  
Marco Island, FL 34145

C/O Anna DiBartolo, CPA  
870 Bald Eagle Drive Suite 3A  
Marco Island, FL 34145

**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:

Anna DiBartolo, CPA  
Name

870 Bald Eagle Drive Suite 3A  
Florida street address (P.O. Box **NOT** acceptable)

Marco Island                      FL                      34145  
City                                      State                                      Zip

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*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.*

DocuSigned by:

Anna DiBartolo

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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

**Name and Address:**

MGR Luigi Carvelli  
1261 Aruba Court  
Marco Island, FL 34145

AMBR Adamo Serravalle  
159 Columbus Way  
Marco Island, FL 34145

AMBR Francesco Carvelli  
1480 Galleon Avenue  
Marco Island, FL 34145

AMBR Francesco Serravalle  
840 Swan Drive  
Marco Island, FL 34145

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: March 12, 2021. (OPTIONAL)

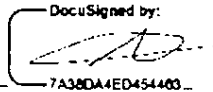
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

This Company is organized with a general business purpose, has all powers provided by law and may use those powers to any lawful purpose.

**REQUIRED SIGNATURE:**

DocuSigned by:  
  
7A38DA4ED454463

**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.

Luigi Carvelli  
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)