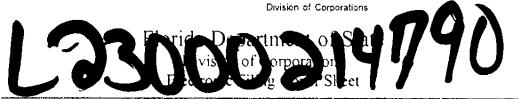
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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: RSMUTTI@DICKINSONWRIGHT.COM

FLORIDA LIMITED LIABILITY CO. NLP NAPLES 1, LLC

Certificate of Status	. 0
Certified Copy	1
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E I - Name: of the Limited Li	ability Company is:		
NLP Naples 1, I	.LC		
(Must	contain the words "Limited	Liability Company, "	"L.L.C.," or "LLC.")
E II - Address:			
ng address and str	ect address of the principal o	ffice of the Limited I	Liability Company is:
Principal Office Address:			Mailing Address:
<u>Pri</u>			
Pri 445 Dockside D		445 E	Dockside Dr. Unit 604
445 Dockside D Naples FL 3411 E III - Registered ted Liability Com usiness entity with	r. Unit 604 O Agent, Registered Office, pany cannot serve as its own an active Florida registration	& Registered Agent Registered Agent. Y	≈ FL 34110
445 Dockside D Naples FL 3411 E III - Registered ted Liability Com usiness entity with	r. Unit 604 O Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	& Registered Agent Registered Agent. Y	:s FL 34110
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Ha pla rd I

> By: Stephanie Hencz, Assistant Secretary Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

BS

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Kevin Shea
	445 Dockside Dr. Unit 604
	Naples FL 34110
AMBR	Kevin P. Shea Revocable Trust u/a/d 7/11/1996, as amended 445 Dockside Dr. Unit 604
	Naples FL 34110
•	
•	
(Use attachment if necessary)	·
TICLE V: Effective date, if other than the	ne date of filing: (OPTIONAL)
	te date of filing:
date of filing.)	s not meet the applicable statutory filing requirements, this date will not be lis-
document's effective date on the Depar	· · · · · · · · · · · · · · · · · · ·
•	

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 Shea, Manager and Authorized Representative of Sole Member 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)

REQUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)