

L99000004871

ATTORNEY'S TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/St/Zip

850-222-2785

Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 AUG -6 PM 3:19

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- SANTORINI VILLAS DEVELOPMENT LLC

2-

3-

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

99 AUG -6 PM 12:28

RECEIVED

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

(7)

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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***337.50 ***337.50

NO PROP

mk
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Examiner's Initials

ARTICLES OF ORGANIZATION
OF
SANTORINI VILLAS DEVELOPMENT, LLC.

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THE UNDERSIGNED hereby certify that we have associated ourselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. We further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

ARTICLE I

Name

The name of the limited liability company (the "Company") shall be SANTORINI
VILLAS DEVELOPMENT, LLC.

ARTICLE II

Address

The mailing and street address of the Company's principal office is:

SANTORINI VILLAS DEVELOPMENT, LLC.
2043 Trade Center Way
Naples, Florida 34109

ARTICLE III

Purposes

The general nature of the business or businesses to be transacted and which the Company is authorized to transact shall be as follows:

- A. To engage in any activity or business authorized under the Florida Statutes.

B. In general, to carry on any and all incidental business; to have and exercise the power conferred by the laws of the State of Florida, and to do any and all things herein set forth to the same extent as a natural person might or could do.

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ARTICLE IV

Duration

The duration for the Company is perpetual.

ARTICLE V

Registered Agent and Office

The name of the Company's initial registered agent in Florida is Stanley J. Lieberfarb and the address of the Company's registered agent in Florida is 4001 Tamiami Trail North, Suite 330, Naples, Florida 34103.

ARTICLE VI

Management

The Company is to be managed by the members. Each managing member is identified as follows:

Mr. John F. Soave
194 Mahogany Drive
Naples Florida 34108

ARTICLE VII

Admission of New Members

Members of the Company have the right to admit new members. Additional members may be admitted only on the unanimous written consent of the existing members, and the existing members shall determine the amount and nature of the contribution by new members at the time the new members are admitted.

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ARTICLE VIII

Continuation of Business Operations


The Company may continue its business operations upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability Company only upon the unanimous approval of the remaining members.

ARTICLE IX

Transferability of Member's Interest

A member's interest in the Company shall not be transferred unless the transfer is approved by the members in accordance with the Company's regulations.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 4th day of August, 1999.



John F. Soave

STATE OF FLORIDA)
COUNTY OF COLLIER)

Before me, the undersigned authority, on this day personally appeared **JOHN F. SOAVE**, who executed the foregoing instrument in his personal capacity and who is personally known to me or who has produced _____ as identification and who did not take an oath.

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above-stated limited liability company, at the place designated in Article VI of these Articles of Organization, the undersigned party hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of his duties.

Dated this 4th day of August, 1999.


Stanley J. Lieberfarb

Prepared By & Return To:

STANLEY J. LIEBERFARB, ESQ
Treiser, Kobza & Volpe, Chtd.
The Northern Trust Bank Building
4001 North Tamiami Trail, Suite 330
Naples, Florida 34103
(941) 649-4900

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS
OF
SANTORINI VILLAS DEVELOPMENT, LLC.

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STATE OF FLORIDA)
COUNTY OF COLLIER)

BEFORE ME, the undersigned authority, personally appeared **JOHN F. SOAVE**, who after being duly sworn, deposes and states as follows:

1. I am a duly appointed and acting Managing Member of **SANTORINI VILLAS DEVELOPMENT, LLC.**, a Limited Liability Company, and I have firsthand knowledge of and am competent to testify to the facts contained in this Affidavit.

2. The company currently has three Members:

John F. Soave

194 Mahogany Drive
Naples Florida 34108

Kentucky Investment Connection, LLC.

211 East Broadway
Campbellsville, Kentucky 42719-1155

3. The amount of capital contributions to the company made by the Members is, in the aggregate, Five Thousand and 00/100 Dollars (\$ 100,000.00).
No property has been contributed by the Members.

3. At this time, it is not anticipated that additional capital contributions will be made by the Members.

DATED this 4th day of August, 1999.

SANTORINI VILLAS DEVELOPMENT, LLC.,

By: _____

John F. Soave

NOTORIZATION

I **HEREBY CERTIFY** that on this day before me, an officer duly qualified to take acknowledgments, personally appeared **JOHN F. SOAVE**, who is personally known to me and has read and executed the foregoing instrument, and who **did/did not** take an oath.

WITNESS my hand and official seal in the County and State last aforesaid on this 4th day of August, 1999.



Notary Public
State of Florida At Large

Notary Public - Printed/Typed

My Commission Number: _____

My Commission Expires: _____