# M12000001456

(Req	uestor's Name)	
(Addi	ress)	
(Addı	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	





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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

MAR 1 5 2012 T. HAMPTON

#### **COVER LETTER**

Registration Section

TO:

Division of Corporations	
SUBJECT: Napoli Assets 1800 LLC	
	e of Limited Liability Company
	lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matt	ter to the following:
Michael Napoli	
	Name of Person
	Firm/Company
524 CIN 42 A	
534 SW 13 Ave.	Address
	Addiess
Fort Lauderdale, FL 33312	2
	City/State and Zip Code
mnapoli99@yahoo.cor	n
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter, please	e call:
Michael Napoli	at (954 ) 608-08454
Name of Person	Area Code & Daytime Telephone Number
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations Registration Section	Division of Corporations Registration Section
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amoun	<b>t</b> ·
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of Statu	& \$\int\\$155.00 \text{ Filing Fee & \$\int\\$160.00 \text{ Filing Fee, Certificate}

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Napoli Assets 1800 LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company)  (Name of Foreign Limited Liability Company)  (Name of Foreign Limited Liability Company)	y," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in F consent of the managers or managing members adopting the alternate name. The alternate name Company," "L.L.C," "LLC.")	
2. Wyoming (Jurisdiction under the law of which foreign limited liability company is organized)  3. 45-4752329 (FEI number.	if applicable)
4. February 12, 2012  (Date of Organization)  5. Perpetual  (Duration: Year limited liexist or "perpetual")	ability company will cease to
6. February 28, 2012  (Date first transacted business in Florida, if prior to registration.)	· · · · · · · · · · · · · · · · · · ·
(See sections 608.501 & 608.502 F.S. to determine penalty liability  7. 125 South King Street	SECRET DIVISION O
Jackson, WY 83001	7 HE TARE
(Street Address of Principal Office)	A SOLE
8. If limited liability company is a manager-managed company, check here	= (0)
9. The name and usual business addresses of the managing members or manag	<b>○</b>
Michael Napoli	
534 SW 13 Ave.	
Fort Lauderdale, FL 33312	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certific translation of the certificate under oath of the translator must be submitted.)	ate is in a foreign language, a
11. Nature of business or purposes to be conducted or promoted in Florida: Re	eal Estate
Signature of a member of an authorized representative of	·
(In accordance with section 608.408(3), F.S., the execution of this document constitutes penalties of perjury that the facts stated herein are true. I am aware that any false in document to the Department of State constitutes a third degree felony as provided in the pro	formation submitted in a

Typed or printed name of signee

Michael Napoli

## · CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Napoli Assets 1800 LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name	and the Florida street address of the registered agent and office are:	
	Michael Napoli	
	(Name)	
	534 SW 13 Ave.	
	00.01.10.110.	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	

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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE
DIVISION OF CORPORATION

## STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### Napoli Assets 1800 LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **February 20, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000617075**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 3rd day of March, 2012 at 4:39 PM. This certificate is assigned 011698022.



May Massiello
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.