# 000643 Address 700003276207--5 -06/05/00--01035--007 City/State/Zip Phone # \*\*\*\*320.00 \*\*\*\*160.00 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in ☐ Pick up time Certified Copy ☐ Will wait Mail out Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** ☐ Profit ☐ Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability ☐ Change of Registered Agent Domestication ■ Dissolution/Withdrawal Other ☐ Merger **OTHER FILINGS REGISTRATION/QUAI** Annual Report ☐ Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

**Examiner's Initials** 

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

N.K. INVEST LLC

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

SQE SERVICES AG, ALFRED ESCHERSTR. 9, POSTFACH, CH 8027, ZURICH, SWITZERLAND

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

CORPORATION SERVICE COMPANY
 Name
 1201 HAYS STREET
Florida street address (P.O. Box NOT acceptable)
 TALLAHASSEE FL 32301
 City. State, and 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 608, F.S..

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

BRIAN COURTNEY, ASST. V.P.

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

> (An additional article must be added if an effective date is requested) Mila A.

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MILA A. OSTIN, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

30.00 Certified Copy (OPTIONAL)

5.00 Certificate of Status (OPTIONAL)