

# LB3000005216

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

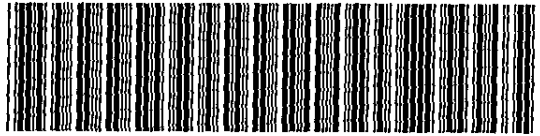
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03 FEB 11 AM 9:08  
MILWAUKEE, WIS.

**FILING FOR FLORIDA LIMITED LIABILITY COMPANY**


Miami, February 5, 2003

Dear Sirs,

You will find included:

- 1) Articles of incorporation NORTHON LLC
- 2) The contact is:  
  
Massimo Magnani  
  
524 92<sup>nd</sup> St. – Surfside – FL33154  
  
Daytime telephone 305-8657995
- 3) Check N. Bank of America of \$ 155.00 for Filing Fee,  
  
Designation of Registered Agent, Certified Copy

Best Regards

  
Massimo Magnani

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03 FEB 11 AM 9:08  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NORTHON LLC

**ARTICLE II - Address:**

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

1260 NW 29 St. - MIAMI - FL33142

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

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

MASSIMO MAGNANI  
 \_\_\_\_\_  
 Name  
 1260 NW 29 St.  
 \_\_\_\_\_  
 Florida street address (P.O. Box **NOT** acceptable)  
 MIAMI FL 33142  
 \_\_\_\_\_  
 City, State, and 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 608, F.S.*

\_\_\_\_\_  
 Registered Agent's Signature

(An additional article must be added if an effective date is requested)

\_\_\_\_\_  
 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.)

DAVID ONGINI  
 \_\_\_\_\_  
 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)