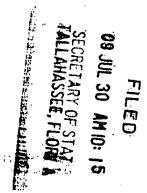
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(Re	equestor's Name)			
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PICK-UP	WAIT	MAIL		
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, (D.)	isiness Entity Name)	<u>'</u>		
(Bu	isiness Entity Name)	;		
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(Do	cument Number)			
Certified Copies	_ Certificates of	Status		
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Special Instructions to	Filing Officer:			

Office Use Only



07/30/09--01020--010. **160.00



B. KOHR

AUG - 3 2009

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	NUB	EGIN	PRESS, LLC	
	Name of Lim	ited Liab	ility Company	
The enclosed Articles	of Organization and fee(s) are	submitt	ed for filing.	200 S
Please return all corres	pondence concerning this ma	tter to th	e following:	La
	Dr.	. Viole	t L. Wright	Sin
	<u> </u>		of Person	100
	1	Nubegi	in Press	3 E
		Firm/C	Company	
	G1E1 Miso	mar D	orlavov Svita240	est est
	O 101 MIR		arkway, Suite310	
		Au	aress	
	Mi	ramar,	FL 33023	
	Ci	ty/State a	and Zip Code	
-				
	E-mail address: (to be used		e annual report notification	n)
For further information	concerning this matter, pleas	e call:		
Dr V	iolet Wright	-4.6	305	974-4191
	of Person	at (Area Code & Daytime	
			ŕ	·
Enclosed is a check f	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	55.00 Filing Fee & ortified Copy ditional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street/Courier Address Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ions · · · · · · · · · · · · · · · · · · ·

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
NUBEGIN PRE	SS. LLC	
(Must end with the words "Limited Liabili	ity Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pro-	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
6151 MIRAMAR PARKWAY SUITE 310	6151 MIRAMAR PARKWAY SUITE 310	
MIRAMAR, FL 33023	MIRAMAR, FL 33023	
The name and the Florida street address of the re		
Name		
6151 Miramar Park	way, Suite 310	
Florida street address (P.O.	Florida street address (P.O. Box NOT acceptable)	
Miramar, FL 33023 FL		
City, State, ar	ad Zip	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S	
Registered Agent's Signatu	Mught ire (REQUIRED)	

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manag "MGRM" = Man		Name and Address:		
MGR	_	Dr. Violet L. Wright 605 NW 214 St, #103 Miami, FL 33169		
MGRM	_	Dr. Caroline A. Wright 605 NW 214 St. 103 Miami, FL 33169		
MGRM	_	Gerda M. Williams, MSN, ARNP 6712 SW 34 Court Miramar, FL 33023		
(Use attachment i	• /	e of filing: (OPTIONAL)		
(If an effective date is list to or 90 days after the da	ed, the date must be sp	ecific and cannot be more than five business days prior		
<u>REQUIRED</u> SIC	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.)				
Filing Fees:		Violet Wright or printed name of signee		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)