Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:

Account Name : GERALD WEINBERG, P.C.

Account Number : 120030000043 Phone : (800) 342-9856

Fax Number : (800)354~3381

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA LIMITED LIABILITY (CO.
NWHW REALTY LLC	

Certificate of Status 0 Certified Copy 0 Page Count 02 Estimated Charge \$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

NWHW REALTY LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

465 NW FETTERBUSH WAY

JENSEN BEACH, 34957

465 NW FETTERBUSH WAY JENSEN BEACH, FL 34957

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

C. MICKEY WOLCSON

Name

465 NW FETTERBUSH WAY

Florida street address (P.O. Box NOT acceptable)

JENSEN BEACH

FL 34957 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 (REQUIKED)

(CONTINUED)

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

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

	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	C. MICKEY WOLCSON
	465 NW FETTERBUSH WAY
	JENSEN BEACH, FL 34957
	
(Heapttochmant if necessary)	
(Use attachment if necessary)	
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CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	e specific and cannot be more than five business

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

C. MICKEY WOLCSON

Typed or printed name of signee

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