

# L12000112960

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

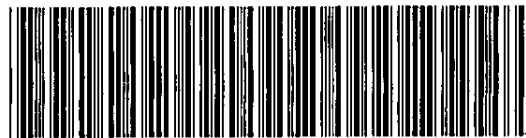
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700238522327

08/31/12--01002--024 \*\*125.00

RECEIVED  
DEPARTMENT OF STATE  
12 AUG 31 AM 11:19

FILED  
12 AUG 31 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

SEP -4 2012

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:**      **RICKY SOTO**

**DATE:**            **08/31/2012**

**REF. #:**           **001554.172030**

**CORP. NAME:**   **NLF HOLDINGS, LLC**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** **100823** **FOR \$** **125.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

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

FILED

12 AUG 31 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I  
NAME**

The name of the Limited Liability Company is: NLF HOLDINGS, LLC.

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: c/o Sedita Kilton & Co., 104 N. Evers St., Suite 202, Plant City, FL 33563.

**ARTICLE III  
EFFECTIVE DATE**

The Limited Liability Company shall be effective upon filing.

**ARTICLE IV  
REGISTERED AGENT, REGISTERED OFFICE,  
AND RESIDENT AGENT'S SIGNATURE**

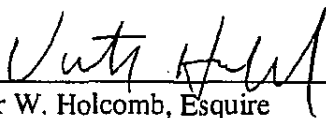
The name and the Florida street address of the registered agent are Victor W. Holcomb, Esquire, 3203 W. Cypress St. Tampa, Florida 33607.

**ARTICLE V  
MEMBERS/MANAGERS**

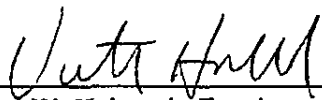
The name and address of the Members/Managers are:

Naheem N. Francise  
1179 Nikki View Dr.  
Brandon, FL 33511

Having been named as registered agent and to accept service of process for the above-named 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 provision 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.

  
Victor W. Holcomb, Esquire

**IN WITNESS WHEREOF**, the undersigned representative hereby acknowledges that, in accordance with Section 608.408(3), Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
Victor W. Holcomb, Esquire

FILED  
12 AUG 31 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA