

L12000041377

3/23/12

Division of Corporations

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

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

Email Address: nikoscattino71@hotmail.com

FLORIDA LIMITED LIABILITY CO.  
NKO LLC

Certificate of Status	1
Certified Copy	0
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TALLAHASSEE, FLORIDA

12 MAR 23 AM 8:40

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B. BOSTICK

MAR 26 2012

EXAMINER 12

H12000078804

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **NKO 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:

126 Via Rosina

126 Via Rosina

Jupiter, FL 33458

Jupiter, FL 33458

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

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

Leslene Sharpe Name

931 Village Boulevard 902-95


(P.O. Box or Mail Drop Box NOT Acceptable)

West Palm Beach, FL 33458

(City / State / 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 - Leslene Sharpe

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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:

**Title:**

"MGR" - Manager

"MGRM" - Managing Member

**Name and Address:**

MGR

Leslene Sharpe - 931 Village Blvd. 902-95, West Palm Beach, FL 33409

MGR

Domenico Scattino - 126 Via Rosina, Jupiter, FL 33458

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or 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.)

Leslene Sharpe  
\_\_\_\_\_  
Typed or printed name of signee

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