

L000000 10867
JK HARRIS AND COMPANY
BRUNSWICK SERVICE CENTER

1510 1/2 NEWCASTLE ST. SUITE 201
P.O. BOX 1936
BRUNSWICK, GA 31521

PHONE 888-800-6577

912-264-2116

FAX 912-264-9976

IRS & STATE PROBLEM RESOLUTION - VETERAN IRS AGENTS & TAX PROFESSIONALS - WORLD WIDE WEB WWW.JKHARRIS.COM

August 7, 2000

Honorable Sandy B. Mortham
Secretary of State
Capitol Plaza Level, Room 2
Tallahassee, FL 32399

RE: NSB, LLC

400003351984--0
-08/10/00--01003--004
***125.00 ***125.00

Dear Honorable Sandy Mortham:

Enclosed for filing, please find an original and one (1) copy of the Articles of Organization, and Certificate of Designation of Registered Agent/Registration Office, in reference to the above-captioned matter. Also enclosed, is a check in the amount of \$125.00 to cover the filing fees of the Articles.

Please return the stamped copy back to me in the envelope provided.

If you have any questions, please call me at the above number, Ext. 201.

Thank you,

Sandra Anderson

FILED
00 SEP -8 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 15, 2000

SANDRA ANDERSON
JK HARRIS AND COMPANY
P.O. BOX 1936
BRUNSWICK, GA 31521

SUBJECT: NSB, LLC
Ref. Number: W00000020016

We have received your document for NSB, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan
Document Specialist

Letter Number: 600A00043732

FILED
00 SEP -8 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 28, 2000

NSB, LLC
JK HARRIS AND COMPANY
P.O. BOX 1936
BRUNSWICK, GA 31521

We have received your document for NSB, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must contain both the street address of the principal office and the mailing address of the entity.

The articles must state mailing and street address of the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan
Document Specialist

Letter Number: 000A00045958

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00 SEP -8 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1-NAME

The name of the Limited Liability Company is:

NSB, LLC

ARTICLE 11-ADDRESS

(This is mailing & Street Address)
ABELIA
5351-ABALIA DRIVE
ORLANDO, FL 32819

ARTICLES 111-REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENTS

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

NICANOR S. BAGUIO
~~5351-ABALIA DRIVE~~ **ABELIA DRIVE**
ORLANDO, FL 32819

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.

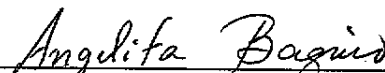


Registered Agent's Signature

ARTICLE IV-MANAGEMENT (Check box if applicable)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(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 708,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

NCANOR S. BAGUIO
Typed or printed name of signee

FILED
00 SEP -8 PM 2:04
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608, 415 OR 608,507 FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/
REGISTERED AGENT, IN THE STATE OF FLORIDA

1 The name of the limited liability company is:

NSB, LLC

2 The name and address of the registered agent and office is:

NICANOR S. BAGUIO

Name

ABELIA

5351 ABALIA DRIVE

P.O. Box or Mail Drop NOT Acceptable

ORLANDO, FL 32819

City/State/Zip

Having been named as registered agent and to accept service or 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.

Signature

Date

8/1/00

FILED
00 SEP -8 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA