Lol00000 8779 Demis Halderman 2500 N.g. 1358 4507 N. MAMI, FL. 33181

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.				
(Corporation	Name)	(Document #)	<u> </u>	<u> </u>
2.			10000042,42	27517-
(Corporation Name)		(Document #)	****155.00	****155.00
3.		. •	,	
(Corporation	Name)	(Document #)	-	<del></del>
4.				
(Corporation	Name)	(Document #)	<u> </u>	<u>-</u> • <del></del> • •-
☐ Walk in ☐ P	ick up time		Certified Copy	·
☐ Mail out ☐ W	Vill wait	Photocopy	Certificate of Stat	ius
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other  OTHER FILINGS		MENDMENTS  Amendment Resignation of R.A. Change of Registere Dissolution/Withdra Merger  EGISTRATION/QUA	ON OF CORPORATIONS, Officer/Directed, FLORIDA awal	FILED 4:16
Annual Report Fictitious Name		Foreign Limited Partnership Reinstatement Trademark Other	4-40	÷-
E021(7/07)			Examiner's Initials	<u> </u>



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 22, 2001

DENNIS HALDERMAN 2500 NE 135TH #507 N MIAMI, FL 33181

SUBJECT: NATIONWIDE LIQUIDATORS AND DISTRIBUTORS, LLC Ref. Number: W01000011576

We have received your document for NATIONWIDE LIQUIDATORS AND DISTRIBUTORS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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: 901A00031252

2001 JUN - 1 PM 4: 16
DIVISION OF CORPORATIONS
TALLAHASSEE, ELORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Nationwide Liquidators and Distributors, LLC

The mailing address and street address of the principal office of the Limited Liability Company is: DENNIS J. HAlderman - Presdent.

**ARTICLE I - Name:** 

ARTICLE II - Address:

The name of the Limited Liability Company is:

therefore, a manager - managed company.

Miami, FL 33181 2500 N.E. 135 St # 507

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
2500 N.S. 135st #507
Florida street address (P.O. Box NOT acceptable)  A. Miami FL 33184
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
Article IV - Management (Check box if applicable.)

(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 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

> Alceman - President Typed or printed name of signee

that the facts stated berein are true.)

Filing Fees: \$100.00 Filing Fee for Articles of Organization) \$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)