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

1. _____
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- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED
01 OCT 12 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

LO1-17844
OR

Examiner's Initials

**Articles Of Organization
For
Florida Limited Liability Company**

NLW Associates LLC

ARTICLE I - Name:

The name of the Limited Liability Company is NLW Associates LLC

ARTICLE II - Address:

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

8452 Fantasia Park Way
Riverview, Florida 33569

ARTICLE III - Duration:

The Limited Liability Company shall dissolve no later than December 31, 2070.

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Nancy Louise Wood
8452 Fantasia Park Way
Riverview, Florida 33569

Leigh Ann Wood
8452 Fantasia Park Way
Riverview, Florida 33569

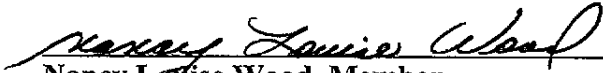
Michael Todd Wood
8452 Fantasia Park Way
Riverview, Florida 33569

Linda Marie Fava
517 Munro Ave.
Mamaroneck, New York 10543

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ARTICLE V - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: NONE.



Nancy Louise Wood, 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.)

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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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is NLW Associates LLC
2. The name and the Florida street address of the registered agent is:

Nancy Louise Wood
8452 Fantasia Park Way
Riverview, Florida 33569

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.



Nancy Louise Wood, Registered Agent

Filing Fee: \$ 25 for Designation of Registered Agent

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