

L03000002486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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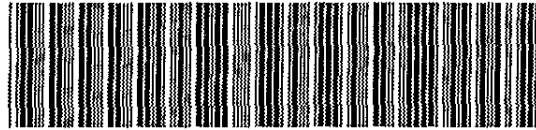
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**JOHNSON EUBANK PANKRATZ & COMPANY PA**

Certified Public Accountants

ROBERT L. JOHNSON, CPA  
MARJORIE O'NEALL EUBANK, CPA, CFF  
RICHARD M. PANKRATZ, CPA, CFP, CLU, ChFC, CEBS

January 14, 2003

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

NIT Holdings, LLC

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03 JAN 21 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed are the Articles of Organization for Florida Limited Liability Company, NIT Holdings, LLC. A check for \$155 is enclosed for the filing fee, designation of registered agent and a Certified Copy.

Please send the acknowledgement of registration and Certified Copy to my attention.

Sincerely,

Robert L. Johnson, CPA

Enclosures

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

NIT Holdings, LLC

**ARTICLE II – Address:**

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

220 South Ridgewood Avenue, Suite 200  
Daytona Beach, Florida 32114

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature**

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

Robert L. Johnson

Name

220 S. Ridgewood Avenue, Suite 200

Florida street address (P.O. Box **NOT** acceptable)

Daytona Beach, Florida 32114

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Having been named as registered agent and to accept service of process for the above state 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 compete 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.*

Robert L. Johnson  
Registered Agent’s Signature

(An additional article must be added if an effective date is requested)

Robert L. Johnson  
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 that the facts stated herein are true.)

Robert L. Johnson

Typed or printed name of signee

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)