

L03000008181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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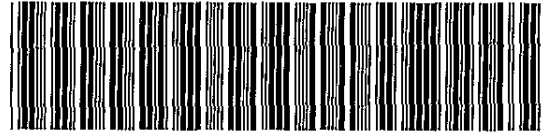
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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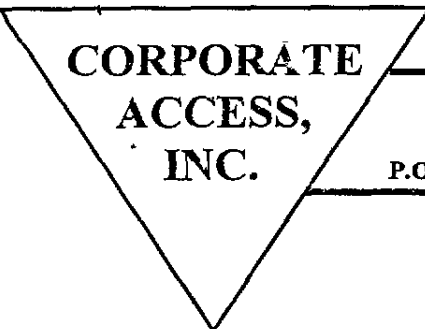
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

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☒ CERTIFIED COPY _____

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☒ FILING LLC

1.) Nations of North America, LLC
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS _____

ARTICLES OF ORGANIZATION
FOR LIMITED LIABILITY COMPANY

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, FS Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I.

NAME

The name of the Limited Liability Company is:

NATION'S OF NORTH AMERICA, LLC

ARTICLE II.

ADDRESS

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

420 U.S. Highway 1, Suite 15
North Palm Beach, FL 33408

ARTICLE III.

DURATION

The company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State or on another effective date if specified. The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV.

REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the State of Florida is:

JOEL ANAPOL
420 U.S. Highway 1, Suite 15
North Palm Beach, FL 33408

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TALLAHASSEE, FLORIDA

ARTICLE V.

MANAGEMENT

The company shall be managed by a manager in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The name and address of the initial manager of the company is:

JOEL ANAPOL
420 U.S. Highway 1, Suite 15
North Palm Beach, FL 33408

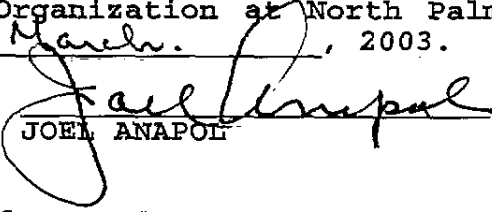
ARTICLE VI.

MEMBERS'S 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:

The members shall have the right to do so.

IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these Articles of Organization at North Palm Beach, Florida, on this 3rd day of March, 2003.


JOEL ANAPOL

SWORN TO AND SUBSCRIBED before me by JOEL ANAPOL, the 3rd day of March, 2003, who

- ☐ is personally known to me; or
☐ produced Fl. Drivers License as identification.


NOTARY PUBLIC

My Commission Expires:

DONALD W. RICHARDS
Notary Public, State of New York
No. 01815011202
Qualified in Kings County
Commission Expires Dec. 10, 2006

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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.

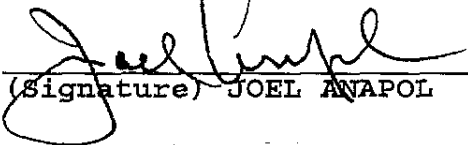
1. The name of the Limited Liability Company is:

NATION'S OF NORTH AMERICA, LLC

2. The name and address of the registered agent and office is: (P.O. Box not acceptable):

JOEL ANAPOL
420 U.S. Highway 1, Suite 15
North Palm Beach, FL 33408

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.


(Signature) JOEL ANAPOL

(Date) 3/3/03

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