

LD3000025346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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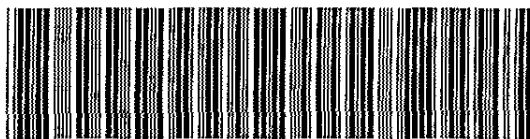
(Business Entity Name)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JUL 11 2003

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NITEK, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA M<sup>C</sup> CULLOUGH  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

1311 COVE LAKE ROAD  
(Address)

NORTH LAUDERDALE, FLA. 33068  
(City/State and Zip Code)

For further information concerning this matter, please call:

SANDRA M<sup>C</sup> CULLOUGH at (954) 478-3176  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**NITEK, LLC**

## ARTICLE II - Address:

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

**1311 COVE LAKE ROAD  
NORTH LAUDERDALE, FLA. 33068**

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

**SANDRA M CULLOUGH**  
Name

**1311 COVE LAKE ROAD**  
Florida street address (P.O. Box NOT acceptable)

**NORTH LAUDERDALE, FL 33068**  
City, State, and Zip

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*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..*

x **Sandra McCullough**  
Registered Agent's Signature

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

x **Sandra McCullough**  
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.)

**SANDRA M CULLOUGH**  
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)

Total \$ 155<sup>00</sup>