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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

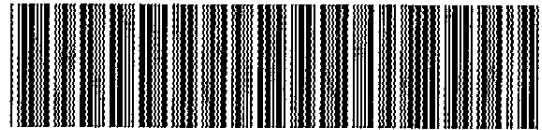
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**BARON & MOORE, P.A.**  
ATTORNEYS AT LAW

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PLEASE REPLY TO ORLANDO OFFICE

**MICHIGAN OFFICE**  
1101 11TH AVENUE  
SUITE 4  
MENOMINEE, MI 49858  
OFFICE: (906) 863-3600  
FAX: (906) 863-3609

• **MICHAEL L. MOORE**

• **ARTHUR BARON \*†**  
• **FLORIDA BOARD CERTIFIED**  
**CIVIL TRIAL LAWYER**

\* ALSO ADMITTED IN MICHIGAN  
† OF COUNSEL

July 29, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: NGMR, LLC  
Articles of Organization for Florida Limited Liability Company

Dear Sir/Madam:

Please find enclosed the original and one (1) copy of the Articles of Organization for NGMR, LLC, along with \$133.75 in payment of the filing fee, registered agent fee and the cost of a certified copy of the Articles of Incorporation.

Please return the certified copy of the Articles of Organization to the address listed above.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

  
Brenda J. Simmons

BJS:wg  
Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I**

**The name of the Limited Liability Company is: NGMR, LLC.**

**ARTICLE II**

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

**NGMR, LLC  
4904 Keeneland Circle  
Orlando, Florida 32819**

**ARTICLE III**

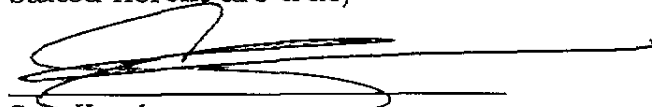
The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV**

The Limited Liability Company is to be managed by its sole member, and the name and address of the managing member is:

**Sam Kenoly  
P.O. Box 2480  
Windermere, Florida 34786**

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under penalties of perjury that the facts stated herein are true)



**Sam Kenoly**  
Sole-member/Authorized Representative  
of NGMR, LLC

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE  
FOR NGMR, LLC**

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 Agent/Registered Office, in the State of Florida.

1. The name of the limited liability company is: **NGMR, LLC.**

2. The name and address of the Registered Agent/Registered Office

**Michael L. Moore, Esquire  
Baron and Moore, P.A.  
640 North Hillside Avenue  
Orlando, FL 32803**

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TALLAHASSEE, FLORIDA

Having been named as registered agent, I agree 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.

  
MICHAEL L. MOORE, ESQUIRE

7-8-03  
(Date)