Division of Corporations Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)222-9428

LIMITED LIABILITY COMPANY

Nexus Capital, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Lizbility Company is:	Nexus Capital, LLC
ARTICLE II - Address: The mailing address and street address of the principle.	cipul office of the Limited Liability Company is:
Principal Office Address:	Muiling Address:
	11710 Rosemont Brive Ft. Myers, Florida 33913
ARTICLE III - Registered Agent, Registered O	ffice, & Registered Agent's Signature:
The name and the Florida street address of the regi	stered agent are:
<u> Craig A. Pisaris-Hende</u>	rson and a second

Craig A. Pisaris-Henderson
Name

11710 Rosemont Drive

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

Ft. Myers

City, State, and Zip

living been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this vertificate. 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.

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Craig A. Pisaris-Henderson 11710 Rosemont Orive
	Ft. Myers, Florida 33913
(Use attachment if necessary)	

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608,408(3), Fiorida Statutes, the execution of this document constitutes an affirmation under the parallels of perjury that the facts stated herein are true.)

Pisaris-Henderson
Typed of 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)

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