

LO3000034182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

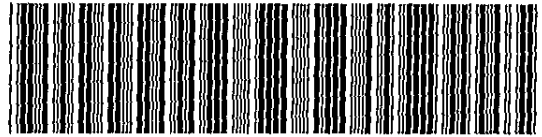
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200022373432

09/08/03--01018--005 **160.00

FILED
03 SEP -8 PM 12:03
09/08/03 10:00 AM
09/08/03 10:00 AM

LO3-34182
OR

NAGIN GALLOP FIGUEREDO^{PA.}

Attorneys & Counselors

Telephone: (305) 854-5353

3225 Aviation Avenue - Third Floor
Miami, Florida 33133-4741

Facsimile: (305) 854-5351

September 5, 2003

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

Re: Incorporation of NGF Holdings, LLC.

To Whom It May Concern:

I enclose an original executed Articles of Incorporation for the incorporation of the above referenced limited liability company. I also enclose a check payable to the Florida Department of State in the amount of \$160.00 representing the filing fee for the Articles of Incorporation, the Designation of Registered Agent fee, the Certified Copy fee, and the Certificate of Status fee.

Thank you.

Very truly yours,

Luis R. Figueredo

LRF/blr

Enclosures

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 SEP - 8 09:12:03

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NGF Holdings, 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:

Luis R. Figueredo
(Name of Person)

Nagin Gallop Figueredo, P.A.
(Firm/Company)

3225 Aviation Avenue, Suite 301
(Address)

Miami, Florida 33133
(City/State and Zip Code)

For further information concerning this matter, please call:

Luis R. Figueredo at (305) 854-5353
(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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 SEP -8 PM 12:03

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NGF Holdings, LLC.

ARTICLE II - Address:

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

Principal Office Address:

3225 Aviation Avenue

Suite 301

Miami, Florida 33133

Mailing Address:

same

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

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

Luis R. Figueredo

Name

3225 Aviation Avenue, Suite 301

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

Miami, Florida 33133

City, State, and Zip

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..

Registered Agent's Signature

(CONTINUED)

03 SEP -8 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

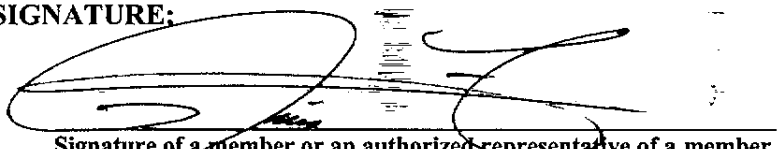
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Luis R. Figueredo

(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), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Luis R. Figueredo

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)

FILED
 03 SEP -8 PM 12:03
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA