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PICK-UP WAIT MAIL	
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NOVAK CAPITAL, LLC

9680 Ridge Walk Court Davie, Florida 33328 (954) 236-2886 Phone (502) 429-7778 Phone

September 11, 2003

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

To Whom It May Concern:

Please file the enclosed Transmittal Letter and Articles of Organization. My check for the filing fee is attached.

Respectfully,

NOVAK CAPITAL, LLC

James Novak Member

Enclosures

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: NOVAK CAPITAL LCC (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:
John E. Clontz (Name of Person)
Novak Capital, LLC
9510 Ormsby Station Rd, Suite 101 (Address)
Louisville Kentucky voaa3 (City/State and Zip Code)
For further information concerning this matter, please call:

STREET ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	Novak	Capital,	LLC
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the	: Limited Liability Cor	mpany is:
Principal Office Address:	Mailing A	Address:	
9680 Ridge WAlk Court	9510	Ormsby Statio	~Rd.
DAVIE, Holida 33328	<u>Suit</u>	C-101 HE, Kentucky	40223
ARTICLE III - Registered Agent, Registered	Office, & Registe	red Agent's Signatur	e:
The name and the Florida street address of the re	gistered agent are:	1	
JAMAS NOVA			
Name			
9480 Ridge WA! Florida street address (P.O.	Box NOT acceptable	<u> </u>	
AA. Vie	E1 333	, ok	

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

City, State, and Zip

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (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.)

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)