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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

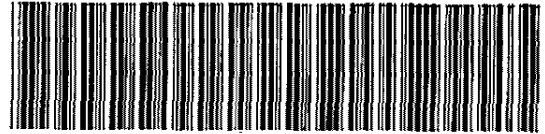
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 10 AM 10:15

**NPB DEVELOPMENT, LLC**

8217 Steeplechase Drive  
Palm Beach Gardens, FL 33418  
561 691-9050 telephone 561 622-1851 facsimile

November 6, 2003

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

**Re: NPB Development, LLC**

Dear Sir/Madam:

Enclosed please find the original and one photocopy of the of the Articles of Organization and Designation of Registered Agent for the limited liability company we wish to form in the name **NPB Development, LLC**. Please file these documents at your earliest convenience, then return a certified copy and Certificate of Status to me as soon as possible. Our check in the amount of \$160.00 is enclosed for the filing fees.

Thank you very much for your help in helping us form this new limited liability company.

Sincerely,



M. Jeanne Mundie

/mjm  
Enclosures

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DIVISION OF CORPORATIONS

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NPB Development, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

8217 Steeplechase Drive

Palm Beach Gardens, FL 33418

**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:

Gene Galui

Name


8217 Steeplechase Drive

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

Palm Beach Gardens FLORIDA 33418

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, Florida Statutes..*

  
Registered Agent's Signature

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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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

**MGR**

Gene Galui

8217 Steeplechase Drive

Palm Beach Gardens, FL 33418

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

June Halim  
Signature of a member on a

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.)

Gene Galui

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)**

FIELD  
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DIVISION OF CORPORATIONS  
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