

LO4000004256

(Requestor's Name)

I Care Personal Accounting, Inc.
7820 N. Armenia Ave.
Tampa, Florida 33604

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

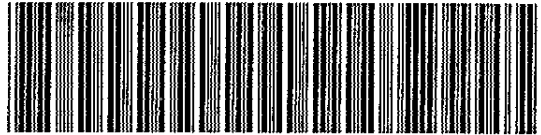
(Business Entity Name)

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TALLAHASSEE FLORIDA

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LO4-4256
JL



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 30, 2003

I CARE PERSONAL ACCOUNTING, INC.
7820 N. ARMENIA AVENUE
TAMPA, FL 33604

SUBJECT: N.B. HOLDINGS LLC
Ref. Number: W03000039777

We have received your document for N.B. HOLDINGS LLC and check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$55.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 903A00069287

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ARTICLES OF ORGANIZATION FOR

N. B. HOLDINGS LLC

A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS: N. B. HOLDINGS LLC.

ARTICLE II - ADDRESS

THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS: 1069 NORMANDY TRACE RD., TAMPA FL 33602.

ARTICLE III - DURATION

THE PERIOD OF DURATION FOR THE LIMITED LIABILITY COMPANY SHALL BE: UNTIL DISSOLVED PURSUANT TO ITS OPERATION AGREEMENT.

ARTICLE IV - MANAGEMENT

THE LIMITED LIABILITY COMPANY IS TO BE MANAGED BY THE MEMBER. THE NAME AND ADDRESS OF THE MANAGING MEMBER IS:

NATHAN BANGS
1069 NORMANDY TRACE RD.
TAMPA, FLORIDA 33602

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

THE RIGHT, IF GIVEN, OF THE MEMBERS TO ADMIT ADDITIONAL MEMBERS AND THE TERMS AND CONDITIONS OF THE ADMISSION SHALL BE: ADDITIONAL MEMBERS MAY BE ADMITTED ONLY AS UNANIMOUSLY AGREED UPON BY THE MEMBERS AS SET FORTH IN THE OPERATING AGREEMENT.

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

THE RIGHT, IF GIVEN, OF THE REMAINING MEMBERS OF THE LIMITED LIABILITY COMPANY TO CONTINUE THE BUSINESS ON THE DEATH, RETIREMENT, RESIGNATION, EXPULSION, BANKRUPTCY, OR DISSOLUTION OF A MEMBER IN THE LIMITED LIABILITY COMPANY SHALL BE: ONLY WITH THE CONSENT OF ALL REMAINING MEMBERS.

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMIT'S THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE LIMITED LIABILITY COMPANY IS: N. B. HOLDINGS LLC.
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

NATHAN BANGS
1069 NORMANDY TRACE RD
TAMPA, FLORIDA 33602

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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.


NATHAN BANGS

11
DATE

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IN WITNESS WHERE OF, THESE ARTICLES OF ORGANIZATION HAVE BEEN
SIGNED, AS MANAGING MEMBER, BY: NATHAN BANGS.

DATED THIS 12 DAY OF Dec, 2003


NATHAN BANGS, MANAGING MEMBER

STATE OF FLORIDA
COUNT OF HILLSBOROUGH

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 12
DAY OF Dec 2003 BY Nathan Bangs, WHO IS PERSONALLY
KNOWN TO ME.


DAWN DICKAU, NOTARY PUBLIC



Dawn Dickau
MY COMMISSION # CC944735 EXPIRES
June 13, 2004
BONDED THRU TROY FAIN INSURANCE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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