

L04000012215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

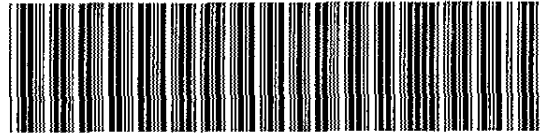
(Business Entity Name)

(Document Number)

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RECEIVED
04 FEB 13 PM 4:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Handwritten signature

04 FEB 13 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



CORPORATION SERVICE COMPANY™

FILED
04 FEB 13 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 439720 11405A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : February 13, 2004

ORDER TIME : 2:07 PM

ORDER NO. : 439720-005

CUSTOMER NO: 11405A

CUSTOMER: M. David Alexander
Peterson & Myers, P.a.

P.o. Drawer 7608

Winter Haven, FL 33883-7608

DOMESTIC FILING

NAME: NCT FINANCIAL SERVICES, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
NCT FINANCIAL SERVICES, LLC,
A Florida Limited Liability Company**

FILED
04 FEB 13 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

**ARTICLE I
Name**

The name of this Company shall be **NCT Financial Services, LLC.**

**ARTICLE II
Duration**

The term of existence of the Company shall commence upon the filing of these Articles of Organization and shall be perpetual.

**ARTICLE III
Mailing Address**

The mailing address of the principal office of this Company is 202 Security Square, Winter Haven, Florida 33880. The street address of the principal office of this Company is 202 Security Square, Winter Haven, Florida 33880.

**ARTICLE IV
Registered Agent and Office**

The name and street address of this Company's initial registered agent for service of process in this state is as follows: **Nicholas J. Lamoriello**, 300 Primera Boulevard, Suite 164, Lake Mary, Florida 32746.

**ARTICLE V
Management**

The Company is to be a manager-managed company.

**ARTICLE VI
Initial Members**

The initial members of the Company are as follows:

The LAMCO Group, Inc.	300 Primera Boulevard Suite 164 Lake Mary, Florida 32746
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The NCT Group CPA's, L.L.P.

811 East Main Street
Lakeland, Florida 33801

ARTICLE VII
Operating Agreement of Company

The power to adopt, alter, amend or repeal the Operating Agreement of the Company shall be vested in the Members.

IN WITNESS WHEREOF, the undersigned have hereunto set their hands and seals this 10 day of February, 2004.

The LAMCO Group, Inc.

By: [Signature]
Nicholas J. Lamoriello
As its President

The NCT Group CPA's, L.L.P.

By: [Signature]
Name: Ben R. Adams, Jr.
Title: Partner

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 10th day of FEBRUARY 2004, by **Nicholas J. Lamoriello** as **President** of **The LAMCO Group, Inc.**, a Florida corporation, on behalf of the corporation. He is personally known to me or produced his current drivers' license as identification.

(SEAL)



[Signature]
NOTARY PUBLIC

Print Name of Notary

My commission expires:

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 10th day of FEBRUARY, 2004, by BEAR ADAMS, JR. as PARTNER of The NCT Group CPA's, L.L.P. a Florida limited liability partnership, on behalf of the partnership. He is personally known to me or produced his current drivers' license as identification.

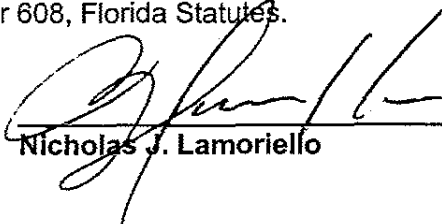
(SEAL)

Thomas R. Savila
NOTARY PUBLIC

Print Name of Notary
My Commission Expires:

STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent and to accept service of process for the above-stated limited liability company, 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 in Chapter 608, Florida Statutes.

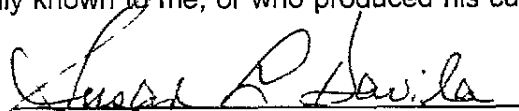


Nicholas J. Lamoriello

STATE OF FLORIDA
COUNTY OF Polk

The foregoing instrument was acknowledged before me this 10th day of FEBRUARY 2004, by **Nicholas J. Lamoriello**, who is personally known to me, or who produced his current drivers' license as identification.





NOTARY PUBLIC

Print Name of Notary

My Commission Expires: