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Fax Number : (850) 205-0383

From: Account Name : PARCORN SERVICES, LTD.  
Account Number : X19990000011  
Phone : (800) 603-2533  
Fax Number : (800) 398-0461

**LIMITED LIABILITY COMPANY**

**NORTHGATE ENTERPRISES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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## STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF

## NORTHGATE ENTERPRISES, LLC

Pursuant to s. 608.407, Florida Statutes.

## ARTICLE I - Name:

The name of the Limited Liability Company is:

NORTHGATE ENTERPRISES, LLC

## ARTICLE II - Address:

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

3013 ADIRONDACK DR. NE, CEDAR RAPIDS, IA 52402

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

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

DAVID A. OWEN

Name


1221 AIRPORT ROAD, STE. 209

Florida street address (P.O. Box NOT ACCEPTABLE)

DESTIN, FL 32541

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 608, F.S.

  
Registered Agent's Signature

## ARTICLE IV - Management (Check Box if Applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

  
Signature of a member or 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.)

DAVID L. SURINA

Typed or Printed name of signee

## Preparer Info:

Parcorp Services, Ltd. / David L. Surina

931 W. 75th Street, Ste. 137-317, Naperville, IL 60565 / (800) 603-2533

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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 SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

**NORTHGATE ENTERPRISES, LLC**

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

**DAVID A. OWEN**

Name

**1221 AIRPORT ROAD, STE. 209**

Florida street address (P.O. Box NOT ACCEPTABLE)

**DESTIN, FL 32541**

City, State and Zip

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*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 **DAVID A. OWEN**

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