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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

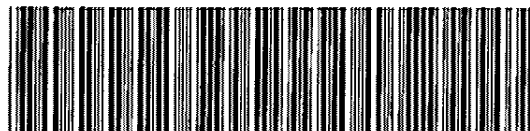
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2004 JUN 14 PM 4:06
CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUN 15 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Recovery Associates, LLC
(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:

Annmarie Centa, Esq.
(Name of Person)

Law Office of Annmarie Centa, PC
(Firm/Company)

36 Pebble Brook Way
(Address)

Chappagua, NY 10514
(City/State and Zip Code)

For further information concerning this matter, please call:

Annmarie Centa at (914) 238-9472
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

FILED
2004 JUN 14 PM 4:06
CLERK OF SUPERIOR COURTS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

National Recovery Associates, LLC

ARTICLE II - Address:

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

Principal Office Address:

2429 Hollywood Blvd.
Hollywood, FL 33020

Mailing Address:

2429 Hollywood Blvd.
Hollywood, FL 33020

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

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

David Hirsch
Name

c/o N.R.A. 2429 Hollywood Blvd.
Florida street address (P.O. Box **NOT** acceptable)

Hollywood FLORIDA 33020
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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JULIUS CORPORATION
TALLAHASSEE, FLORIDA

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:

MGRM

Raymond A. Conta
36 Pebble Brook way
Chappaqua, NY 10514

MGRM

Vincent Colletti
260 Hardscrabble Rd.
North Salem, NY 10560

MGRM

Paul Foti
14 Coon Den
Hopewell Junction, NY 12533

MGRM

David Hirsch
11528 Hibbs Grove Drive
Cape City, FL 33330

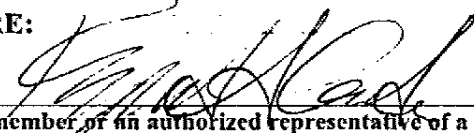
(Use attachment if necessary)

MGRM

James Stead
19 Ross Drive
Yorktown Heights, NY 10598

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.)

Raymond A. Conta
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)