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Office Use Only



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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: New Beginning 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:
Christine E. Haines (Name of Person)
(Firm/Company)
9213 Troon Lakes Drive
(Address)
Naples FL 34109 (City/State and Zip Code)
For further information concerning this matter, please call:
Christine E. Haines at (239) 398-8166 (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



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
New Beginning	Associates, LLC	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
9213 Troon Lakes Dr.	9213 Troon Lakes Dr.	
Naples, FL	Naples FL	
34109	34109	
The name and the Florida street address of the registered agent are:  Christine E. Haines  Name  9213 Troon Lakes Drive  Florida street address (P.O. Box NOT acceptable)		
Naples FLORIDA 34109 City, State, and Zip		
Having been named as registered agent and to accept s company at the place designated in this certificate, I he agree to act in this capacity. I further agree to comply v and complete performance of my duties, and I am fami. registered agent as provided for in Registered Agent	with the provisions of all statutes relating to the proper liar with and accept the obligations of my position as a Chapter 608, Florida Statutes	
Page 1 o (CONTI	<u>-</u>	

## 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	Christine Haines
	Maples, FL 34109
MGRM	Clifford E. Kingsley
	Norristown, PA 19403
	<u> </u>
(Use attachment if necessary)	

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.)

Christine E. HAINES

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)

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SECKELASSEE FLORIDA