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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAX GROUP AND ASSOCIATED 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:

ALBERT C. BROADNAK
(Name of Person)

NAX GROUP AND ASSOCIATED LLC
(Firm/Company)

5742 NW 101 DR.
(Address)

CORAL SPRING, FL 33076
(City/State and Zip Code)

For further information concerning this matter, please call:

ALBERT BROADNAK at (954) 755-7005
(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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NAX Group And Associates LLC

ARTICLE II - Address:

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

Principal Office Address:

5742 N.W. 101 Dr.
Coral Springs FL
33076

Mailing Address:

5742 N.W. 101 Dr.
Coral Springs FL
33076

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

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

Pecola Johnson Bradnax
Name

5742 NW 101 DR.
Florida street address (P.O. Box NOT acceptable)
Coral Springs FL 33076
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..

Pecola Johnson Bradnax
Registered Agent's Signature

(CONTINUED)

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:

President

Albert C. Broadnax
5742 N.W. 101 Dr.
Coral Springs FL 33076

Vice President

Eulice M. Holliman
6620 Tee Box Ct.
Lithonia, GA 30038

Treasurer

Willie Ragin
P.O. Box 122235
Miami FL 33017


Financial Secretary

Ms. Devon R. Harrington
919 SW 123 Terrace
Pembroke Pines, FL 33025

(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.)

Albert C. Broadnax

Typed or printed name of signer

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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