105000010753

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Chances 2 - 2), the contract of the contract
. (Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200045185342

01/24/05--01020--017 **125.00



W5-10753 OR

TRANSMITTAL LETTER

TO: Registration Sc Division of Co			
SUBJECT: NBC Con	mmercial, LLC	Liability Company)	
	(Name of Limited	Liability Company)	
The enclosed Articles o	f Organization and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
Keith Ba	sik		
	(N	lame of Person)	
NBC Commercial, L	LC		
		irm/Company)	
720 Goodle	tte Rd Suite 305		
		(Address)	
Napl	es, FL 34102		
	(City/	State and Zip Code)	
For further information	concerning this matter, please	call:	
Keith Basik		at (239) 262-3210	
(Name	e of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check f	or the following amount:		
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	3 \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fec, Certificate of Status & Certified Copy, (additional copy is enclosed)
STREET ADDRESS:		MAILING A	DDRESS: HAS

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A DONACH TO Y BY				
ARTICLE I - Name: The name of the Limited Liability Company is:				
NBC Commercial, LLC				
ARTICLE II - Address:				
	of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
720 Goodlette Rd	720 Goodlette Rd			
Suite 305	Suite 305			
Naples, FL 34102	Naples, FL 34102			
Keith Basik	· ·			
	Name			
720 Goodlette Rd Suit	ie 305			
Florida	street address (P.O. Box NOT acceptable)			
Naples, FL 34102	FI.			
City	y, State, and Zip			
liability company at the place designate registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all aplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S			

(CONTINUED)

Page 1 of 2

2005 JAN 24 PH 1: 03
SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Keith Basik
	720 Goodlette Rd Suite 305
	Naples, FL 341012
MGR	Jeff Basik
,	720 Goodlette Rd Suite 305
	Naples, FL 34102
MGR	Larry Basik
	720 Goodlette Rd Suite 305
	Naples, FL 34102
(Use attachment if necessary)	
NOTE: An additional article mus	st 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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

2005 JAN 24 PH 1: 03
SECRETARY OF STATE
TANKASSEE, FLORIDA