

L65000023726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

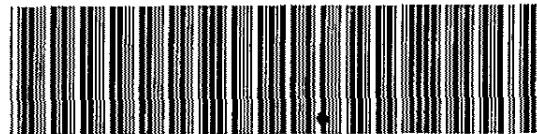
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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RECEIVED  
FILED  
MAR-9 PM 12:48  
05 MAR -9 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

FILED  
05 MAR -9 PM 4:35  
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TALLAHASSEE, FLORIDA

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- NORVI, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION**  
**FOR**  
**NORVI, LLC,**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
05 MAR -9 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a Florida limited liability company under the provisions of Chapter 608 of the Florida Statutes, hereinafter referred to as the Limited Liability Company, hereby agrees to the following:

**ARTICLE I - NAME**

The name of the Limited Liability Company shall be NORVI, LLC.

**ARTICLE II - MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE**  
**OF COMPANY**

The mailing address of the Limited Liability Company is 5107 C.R. 316-A, Bushnell, Florida 33513. The street address of the principal office of the Limited Liability Company is 5107 C.R. 316-A, Bushnell, Florida 33513.

**ARTICLE III - DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV - MANAGEMENT**

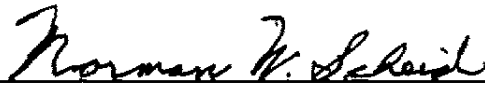
The Limited Liability Company is to be managed by a manager and the name and address of the individual who is to serve as manager is: Norman W. Scheid, 5107 C.R. 316-A, Bushnell, Florida 33513.

**ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS**

Additional members may be admitted as members upon the consent in writing of a simple majority of existing members.

**ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS**

In the event of the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member who is the sole manager or the occurrence of any other event which terminates the continued membership of a member who is the sole manager of the Limited Liability Company, a simple majority of the remaining members of the Limited Liability Company may agree to continue the business of the Limited Liability Company.

  
\_\_\_\_\_

**Signature of a member or an authorized representative of a member.**

\_\_\_\_\_  
Norman W. Scheid, Sole Manager

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF AND ACCEPTANCE BY  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA AND EVIDENCING THE REGISTERED AGENT'S ACCEPTANCE OF THAT POSITION.

1. The name of the Limited Liability Company is: NORVI, LLC
2. The name and address of the registered agent and office is: Norman W. Scheid  
5107 C.R. 316-A  
Bushnell, Florida 33513

Dated this 28 day of February, 2005.

  
\_\_\_\_\_  
Norman W. Scheid

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.

Dated this 28 day of February, 2005.

  
\_\_\_\_\_  
Norman W. Scheid