

LU5UUU032669

James B Floyd

(Requestor's Name)

1217 Miccosukee Rd

(Address)

(Address)

Tallahassee FL 32308

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

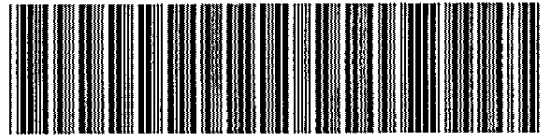
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EFFECTIVE DATE
3/31/05

FILED
05 APR - 4 PM 4:51
REMOVED
05 APR - 1 PM 10:54
TALLAHASSEE, FLORIDA
STATE
RECORDS
DIVISION
TALLAHASSEE, FLORIDA

W05-16600



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 1, 2005

JAMES B. FLOYD
1217 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

EFFECTIVE DATE
3/31/05

FILED
05 APR -4 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for NFPI, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Operating agreement is not filed with our office

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 005A00022345

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**ARTICLES OF ORGANIZATION
OF
NFP 1, LLC**

The undersigned, pursuant to the provision of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is NFP 1, LLC (hereinafter referred to as the "Company").

1. PERIOD OF DURATION.

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company. The effective date of the Limited Liability Company shall be 3-31-2005.

2. PURPOSE.

The purpose for which the Company is organized is to purchase, own, sell mortgage, and do everything incidental or necessary relating to real property and personal property, and to engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

3. ADDRESS OF PLACE OF BUSINESS.

The street address of the place of business in Florida for the Company is:

224 Franklin Blvd.
St. George Island, FL 32328

The mailing address of the place of business in Florida for the Company is: 224 Franklin Blvd. St. George Island, FL 32328. Such address may be changed from time to time as provided in the Operating Agreement.

4. REGISTERED AGENT.

The initial registered agent in Florida for the Company is W. Bradley Muhroe, P.A. Attorney at Law, whose address is 239 E. Virginia Street Tallahassee, FL 32301.

5. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company is as follows: \$100.00.

6. ADDITIONAL CONTRIBUTIONS.

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05 APR -4 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
3/31/05

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

7. MEMBERS: ADMISSION OF NEW MEMBERS.

The Company shall have at least one (1) member (the "Member"). New Member may be admitted in the manner provided in the Operating Agreement.

8. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

9. MANAGEMENT.

The management of the Company shall be reserved to the Members. In the event of the death of a Manager, the remaining Manager(s) shall serve until the next meeting of the Members and until a successor (if any is elected) for the deceased Manager is qualified. The names and addresses of the Members who are to serve as the managing Members (the "Managers") until the first annual meeting of Members or until their successors are duly elected and qualified are as follows:

KIRK M. CHEWNING

Name

574 Vinings Spring Dr.

Mableton, GA. 30066

Address

10. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all the Members, the Company shall indemnify any Manager or former Manager to full extent permitted under the Florida Limited Liability Company Act.

Executed at Atlanta, Ga. Florida on the 4/14 day of Apr., 2005.

X By Kirk M. Chewning
Kirk M. Chewning
A Member of NFP 1, LLC, a Florida
Limited Liability Company

X KMC

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is NFP 1, LLC
2. The name and address of the registered agent and office is:

W. Bradley Munroe, Attorney-at-Law
239 East Virginia Street
Tallahassee, FL 32301

Signature W. Bradley Munroe
Title Attorney
Date 4-4-05

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.

Signature W. Bradley Munroe