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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2005 MAY -4 PM 2:45

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J. BRYAN MAY - 9 2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NORARK 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:

R. KRAMER  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

P.O. Box 1583  
(Address)

NOKOMIS FL 34274  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Person) at (\_\_\_\_\_) \_\_\_\_\_  
(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: NORARK LLC

## ARTICLE II - Address:

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

### Principal Office Address:

200 CAPRI ISLES BLVD.  
VENICE FL 34292

### Mailing Address:

P.O. Box 1583  
NOKOMIS FL 34274

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

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

T&H COMPTROLLERS, INC.  
Name

200 CAPRI ISLES BLVD.  
Florida street address (P.O. Box NOT acceptable)  
VENICE FL 34292  
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..*

By: Ronald P. Hogan, Pres.  
Registered Agent's Signature  
RONALD P. HOGAN

(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:**


MGRM

RONALD KRAMER  
P.O. BOX 1583  
NOKOMIS FL 34274

(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.)

RONALD KRAMER  
\_\_\_\_\_  
Typed or printed name of signee

**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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