

W5000068202

Florida Department of State  
Division of Corporations  
Public Access System

(3)

Electronic Filing Cover Sheet

7/11

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

EFFECTIVE DATE  
7-8

((H05000166175 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)205-0383

M. HODGES

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

RECEIVED  
05 JUL 11 AM 8:14  
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

national disaster solutions, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

05 JUL 11 PM 2:56

Electronic Filing Menu

Corporate Filing

Public Access Help

H05000106175

③

**ARTICLES OF ORGANIZATION  
FOR  
National Disaster Solutions, LLC  
A Florida Limited Liability Company**

The undersigned, as a Member of National Disaster Solutions, LLC, a Florida Limited Liability Company does execute these Articles of Organization for the purpose of forming a Limited Liability Company pursuant to Chapter 608 of the Florida Statutes.

**ARTICLE I**

The name of the Limited Liability Company is:

National Disaster Solutions, LLC

**ARTICLE II  
ADDRESS OF PRINCIPAL OFFICE AND MAILING ADDRESS**

19501 W Country Club Dr. TS-5 Aventura, Fl. 33180

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE, &  
REGISTERED AGENT'S SIGNATURE**

Helen C. Costa, Esq.  
7330 West 20<sup>th</sup> Avenue  
Miami Lakes, Florida 33016

05 JUL 11 PM 2:56

EMPIRE

*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, Florida Statutes.*

Registered Agent's Signature

H05000106175

H05000100175.....

**ARTICLE IV  
MANAGING MEMBER(S):**

The name and address of the Managing Member is as follows:

**Title:**

**Name and Address:**

Managing Member

Brett Overman  
19501 W Country Club Dr.  
TS-5  
Aventura, Fl. 33180

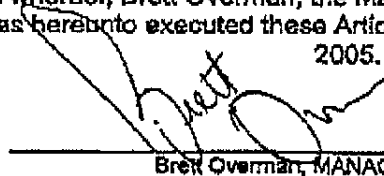
Managing Member

Terry Jacobs  
831 SE 22 Ave  
Unit # 20  
Pompano Beach, FL. 33062

**ARTICLE V  
EFFECTIVE DATE**

July 8<sup>th</sup>, 2005

In Witness whereof, Brett Overman, the Managing Member of National Disaster Solutions, has hereunto executed these Articles of Organization this 8<sup>th</sup>, day of July 2005.

  
\_\_\_\_\_  
Brett Overman, MANAGING 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.)

H05000100175