

**H050000 77218**

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

From:  
Account Name : RICHARD P. PETERMANN  
Account Number : 119990000049  
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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**NSI DEVELOPMENT, II, L.L.C.**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
NSI DEVELOPMENT, II, L.L.C.**

**ARTICLE I  
Name**

The name of the Limited Liability Company shall be **NSI DEVELOPMENT, II, L.L.C.** ("Company").

**ARTICLE II  
Address**

The principal place of business of the Company in Florida shall be 11 Elkwood Court, Shalimar, Florida 32579 and the mailing address of the Company shall be P.O. Box 1070, Destin, Florida 32540.

**ARTICLE III  
Registered Office and Agent**

The name and street address of the registered agent of the Company in the State of Florida is:

John Acker  
11 Elkwood Court  
Shalimar, Florida 32579

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, I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

  
\_\_\_\_\_  
Registered Agent's Signature

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**ARTICLE IV  
Management**

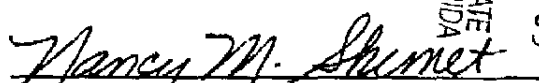
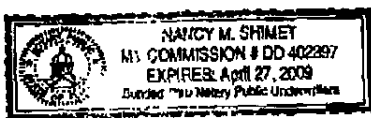
The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company. The Company shall be managed by **John Acker, P.O. Box 1070, Destin, Florida 32540**, in accordance with the regulations of the Company. The regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization.

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.

  
\_\_\_\_\_  
John Acker

STATE OF FLORIDA  
COUNTY OF OKALOOSA

Sworn to and subscribed before me this 5 day of August, 2005, by John Acker, who is personally known to me or who produced identification.

  
\_\_\_\_\_  
Notary Public

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