L05000093886

(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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09/06/05--01021--022 **130.00

05 SEP -6 PM 3:47

EFFECTIVE DATE
9/14/05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NIBCO 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:

NORMAN I. BRODY
(Name of Person)

NIBCO LLC
(Firm/Company)

SUITE 202
3832-10 BAYMEADOWS RD
(Address)

W05-42713

05 SEP -6 PM 3:47

JACKSONVILLE, FL 32217
(City/State and Zip Code)

For further information concerning this matter, please call:

NORMAN I. BRODY at (904) 3581701
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ~~☐~~ $125.00 Filing Fee
- ☒ $130.00 Filing Fee & Certificate of Status
- ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 14, 2005

NORMAN I. BRODY
NIBCO LLC
3832-10 BAYMEADOWS RD, SUITE 202
JACKSONVILLE, FL 32217

SUBJECT: NIBCO LLC
Ref. Number: W05000042713

We have received your document for NIBCO LLC and your check(s) totaling $130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your application was missing its second page. We have returned your application with a new, blank second page attached.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 105A00056782

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

NIBCO LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3832-10 BAYMEADOWS Rd
SUITE 202
JACKSONVILLE, FL 32217

Mailing Address:

3832-10 BAYMEADOWS Rd.
SUITE 202
JACKSONVILLE, FL 32217

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

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

NORMAN I. BRODY
Name

3832-10 BAYMEADOWS Rd. SUITE 202
Florida street address (P.O. Box NOT acceptable)

JACKSONVILLE FL 32217
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..

Norman I. Brody
Registered Agent's Signature

(CONTINUED)

EFFECTIVE DATE 9/14/05

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:**
MGR	Norman I. Brody 3832-10 Baymeadows Rd Suite 202, Jacksonville, FL 32217

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Sept 14, 2005. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Norman I. Brody
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.)

NORMAN I. BRODY
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)