# L05000119859

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
$\bigcirc$			
$  V \rangle /   V \rangle$			
$I_{I}$			

Office Use Only



800061849258

12/16/05--01022--007 \*\*155.00

PILED

05 DEC 16 PH 2: 35

SLOKENASKE FLOKIBA

05 DEC 16 AH 11: 20

### **LAZARUS CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

Examiner's Initials

NAME(S) & DOC	UMENT NUMBER(S	5), (if known):	
MGNTL	L G	A. C. C.	
orporation Name)	(Document i	#)	
Amounting Name	(D		
orporation Name)	(Document)	#) ************************************	
orporation Name)	(Document i	#)	
orporation Name)	(Document i	#)	
Pick up time	2.00	Certified Copy	
☐ Will wait	Photocopy	Certificate of Status	
	AMENDMENTS	<u>s</u>	
Profit Not for Profit Limited Liability Domestication Other		Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
<u>GS</u>	REGISTRATIO	N/QUALIFICATION	
	Foreign Limited Parts Reinstatemen Trademark Other		
	orporation Name)  orporation Name)  orporation Name)  orporation Name)  Will wait	orporation Name)  Operation Name)  Opera	

## ARTICLES OF ORGANIZATION OF

N.H.M. MGNT LLC

#### **ARTICLE I - NAME**

The name of this limited liability company is N.H.M. MGNT LLC (hereinafter "the Company")

#### **ARTICLE II - ADDRESS**

The mailing address and principal office is:

175 W Lake Hallandale, Florida 33009



#### ARTICLE III: INITIAL REGISTERED OFFICE AND AGENT

The name and mailing address of the initial registered office and the initial registered agent of the Company is:

Normand Meilleur 175 W Lake Hallandale, Florida 33009

Having been named as registered agent and to accept service of process for the above state 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.

Normand Meilleur- Registered Agent

#### **ARTICLES IV - MANAGEMENT**

The Company will be managed by one (1) manager and is, therefore a manager-managed company.

Normand Meilleur 175 W Lake Hallandale, Florida 33009

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.

Normand Meilleur, Authorized Representative

#### **ORGANIZER**

thisday of	EREOF I have made ar	nd subscribed these Articles of Organization
		MARCELLE POIRIER
STATE OF FLORIDA	`	ν
STATE OF FLORIDA	) SS	
COUNTY OF DADE	)	

I HEREBY CERTIFY that on this day, personally appeared before me MARCELLE POIRIER who is well known to me to be the person described in and who executed these Articles of Organization as Organizer, and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed.

SWORN TO AND SUBSCRIBED before me this 13th of Necember 2005.

NOTARY PUBLIC State of Florida at large

My commission expires:

