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## **COVER LETTER**

TO: Registration Se Division of Co				
<sub>subject:</sub> Nano's	s Investments, LL0			
	(Name of Limite	d Liability Company)		-
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Bernardo				
	(.	Name of Person)		
Nano's In	vestments, LLC		News	
	(	Firm/Company)		
913 Laurel St.				2005 JAN -9
-		(Address)		UAN.
Immokalee, FL 34142			Ç	
(City/State and Zip Code)			PX	
For further information concerning this matter, please call:				
Bernardo Barnhart at (239 ) 229.6838				_
(Name	of Person)	(Area Code & Daytime Te	lephone Number)	
Enclosed is a check for	or 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 Certificate of Stat Certified Copy (additional copy is en	tus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	s	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Nano's Investments, LLC	
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
913 Laurel St.	913 Laurel St.
Immokalee, FL 34142	Immokalee, FL 34142
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the register address of the register address.	red Agent. You must designate an individual or another
Bernardo Barnhart	
Name  913 Laurel St.  Florida street addr	ess (P.O. Box NOT acceptable)  PM ORPORALITE  STATE  34142
Immokalee,	<u>M04142</u>
City, State, an	ш Ар

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	iger naging Member	Name and Address:	
MGR		Bernardo Barnhart 913 Laurel St. Immokalee, FL 34142	DIVISION O
			TARY OF STATE OF CORPORATION N -9 PM 5:
			03 % 
(Use attachment	· · ·		
If an effective date is lite or 90 days after the d	sted, the date must be sp	te of filing:  Decific and cannot be more than five b	(OPTIONAL) usiness days prior
<u>REQUIRED</u> SI	GNATURE:		
	faclo Fa		
	Signature of a member or	r an authorized representative of a member.	,
	(In accordance with section of this document constitute that the facts stated herei	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)	
	Bernardo Barnhart		
		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)