L06000018854

(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 Eiling Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/Chata/Zin/Dhama 40)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Prione #)
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	(Document Number)
	(Seeding in Figure 1)
Special Instructions to Eiling Officer:	Certified Copies Certificates of Status
	Special Instructions to Filing Officer
	Special instructions of the control

Office Use Only



900065362559

2006 FEB 21 PM 12: 28



CORPORATION SERVICE COMPANY. 700 FEB 21 PH 19-28 ACCOUNT NO. : 072100000032 REFERENCE: 879163 80523A AUTHORIZATION : ORDER DATE: February 21, 2006 ORDER TIME : 10:13 AM ORDER NO. : 879163-005 CUSTOMER NO: 80523A DOMESTIC FILING NIMNICHT ENTERPRISES, LLC NAME: EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Debbie Skipper - EXT. 2948 EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR

NIMNICHT ENTERPRISES, LLC

The Part of the Pa The undersigned authorized representative hereby executes these Articles of Organization the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of this limited liability company is: NIMNICHT ENTERPRISES, LLC.

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the limited liability company are: 1550 Cassat Avenue, Jacksonville, Florida 32210.

ARTICLE III - REGISTERED AGENT,

REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

William B. McMenamy Donahoo, Ball & McMenamy, P.A. 50 North Laura Street, Suite 2925 Jacksonville, Florida 32202

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

ARTICLE IV - DURATION

This limited liability company is to exist perpetually.

ARTICLE V - PURPOSE

This limited liability company is organized for the purpose of transacting any and all lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, 1997, as amended.

ARTICLE VI - MANAGEMENT

This limited liability company is to be managed by the members and the names and addresses of the managing members are:

NAME	ADDRESS
14VXTATT:	WDDVESS

Lee A. Nimnicht 1550 Cassat Avenue

Jacksonville, Florida 32210

Billie N. Nimnicht, III 1550 Cassat Avenue

Jacksonville, Florida 32210

ARTICLE VII - ADMISSION OF ADDITIONAL MEMBERS

No person may be admitted as an additional member of this limited liability company unless each member consents in writing to the admission of the additional member.

IN WITNESS WHEREOF, I, the undersigned authorized representative, have hereunto set my hand and seal this <u>May</u> of February, 2006, for the purpose of forming this limited liability company under the laws of the State of Florida, and I hereby make and file in the office of the Secretary of the State of Florida, these Articles of Organization and certify that the facts herein stated are true.

WILLIAM B. McMENAMY, Authorized

Representative

STATE OF FLORIDA COUNTY OF DUVAL

SUBSCRIBED, SWORN AND ACKNOWLEDGED to before me by WILLIAM	В
McMENAMY, who is (X) personally known to me or () has produced	as
identification, this 16th day of February, 2006.	

Susan K. William

Notary Public, State of Florida at Large

(Susan K. Williams

Print name below signature

My Commission Expires:

My Commission Number:

