

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		3144
	Office Use Onl	v / 11/80



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113/09/06--01064--009 **125.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Nice Saw UC (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:
Richard J. M. Trityc
(Name of Person)
Nice Save LC
(Firm/Company)
1933 Ruestillo Dr
(Address)
Taya E(33/17 E) E (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call: Trichard M Table at (813) 1785 9073 Final Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	s:
Must end with the words "Limited Liability Company, "Lim	nited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11933 Revenilla Mr Tampa FL 33617	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registerest entity with an active Florida registration.)	
The name and the Florida street address of the	e registered agent are:
Richard J. 1	n Intra
Nan	ie
11933 Rive	shills Mr
Florida street a	address (P.O. Box NOT acceptable)
City, State	FL 33617 e, and Zip
Having heen named as registered agent and t	o accept service of process for the above stated limited

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" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Richard J. M. Tnoyre 11933 Riverhills Dr Tampa Fl 33617
	OS MAR -9
(Use attachment if necessary)	PM 3: 6
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	ate of filing: 3.6.06 (OPTIONA) (OPTIONA) (OPTIONA) (OPTIONA)
DECHIDED SIGNATURE	

<u>REQUIRED</u> SIGNATURE:

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.)

Think T. M This Per 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)