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(Reque	stor's Name)	
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(City/St	ate/Zip/Phone	: #)
PICK-UP	TIAW	MAIL
(Business Entity Name)		
(Docum	nent Number)	
(DOGAI)	ient Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filin	g Officer:	
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Office Use Only



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FFECTIVE DATE

FILED

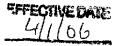
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SECRETARY OF STATE

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## **COVER LETTER**

TO:	Registration S Division of C			
SUBJE	CT:	NACE CONS	ALO LLC	
		(Name of Limite	d Liability Company)	
The end	closed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please 1	eturn all corres	spondence concerning this matte	er to the following:	
-		MARC C	ONSALO Name of Person)	
		(	Name of Person)	
_	· · · · · · · · · · · · · · · · · · ·	NACE E C	ONSALO LLC Firm/Company)	
			_	
-	10	306 Hillcres	- St. Suite	ı A
			(Address)	
_		ORLANDO, FL	32803	
		(City	/State and Zip Code)	
For furt	her information	concerning this matter, please	call:	
ļ	MARC	CONSALO	at (407 895-0 (Area Code & Daytime Tel	7393
	(Nam	e of Person)	(Area Code & Daytime Te	ephone Number)
Enclose	ed is a check f	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)
		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

The name of the Limited Liability Company is:	

Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

## ARTICLE II - Address:

Principal Office Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)					
The name and the Florida street address of the registered agent are:	SI				
MARC CONSALO	ECRET				
Name	表示				
1906 Hilkrest St. Florida street address (P.O. Box NOT acceptable)	30 PM				
Orlando FL 32803 City, State, and Zip	2: 20 STATE LORDA				

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR.	Anton J. Nace 2810 Lando Lane Oclando Fl. 32806
MGR:	Marc A. Consalo 303 East Harwood St. Orlando FL 32801
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the	date of filing: Asi 1, 2006 (OPTIONAL)
(If an effective date is listed, the date must be to or 90 days after the date of filing.)	e specific and cannot be more than five business days prior

**REQUIRED 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.)

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 Cértificate of Status (Optional)