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(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: Ound Cain CGAVE	
WALLO CAMEGAVE AUTHORIZATION BY PHONE TO CORRECT - Effective Date (Remove)	
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SECRETARY OF STATE
SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section

Division of Corporations

SUBJECT: No Bull Nationals LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

[]\$125.00 Filing fee & Designation of Registered Agent [X]\$130.00 Filing Fee, Designation of Registered Agent, & Certificate of Status []\$160.00 S Filing Feet Designation of Registered Agent, Certified Fony, Certificate of Status

Please return all correspondence concerning this matter to the following:

DAVID CAINE P.O. BOX 196606 WINTER SPRINGS, FL 32719

For Further information concerning this matter, please call: DAVID CAINE at 407-415-5213.

Street Address:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314



January 30, 2006

DAVID CAINE PO BOX 196606 WINTER SPRINGS, FL 32719

SUBJECT: NO BULL NATIONALS LLC

Ref. Number: W06000004479

We have received your document for NO BULL NATIONALS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 906A00006542

ARTICLES OF ORGANIZATION

OF

No Bull Nationals LLC

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: No Bull Nationals LLC

ARTICLE II - ADDRESS

The mailing address is P.O. Box 196606 Winter Springs, Fl 32719 and the street address of the principal office of the Limited Liability Company is 1516 Keeling Dr. Deltona Fl 32738.

ARTICLE III - REGISTERED AGENT

The registered agent of this company shall be:

NAME

ADDRESS

DAVID CAINE

1516 KEELING DR. DELTONA, FLORIDA 32738 OG APR -3 AN IO: 07
SECRETARY OF STATE,
TALLAHASSEE, FI STATE,

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.

DAVID CAINE\

FLED

ARTICLE IV - MANAGEMENT

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

Title:

Name and Address:

Manager

DAVID CAINE

P.O. BOX 196606

WINTER SPRINGS, FL 32719

MGRM

DENNIS STONE

769 EAST MAGNOLIA AVE LONGWOOD, FL 32750

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.)

Printed name of signee

COUNTY OF SEMINOLE

IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this 8 day of December 20 05

STATE OF FLORIDA

The foregoing instrument was acknowledged before me this December , 2005, by DAVID CAINE, who is personally known to me or who has produced driver's license as identification and who did take an oath. FLAL# C500-177-68-271-0

JEFFERY R. MARKHAM Notary Public, State of Florida My comm. expires Sept. 25, 2009 No. DD 475261 Bonded thru Ashton Agency, Inc. (800)451-4854

Notary Public, State of Florida

At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.