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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4p

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NTMI, LLC

(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:

Paul U. Chistolini

(Name of Person)

McClain & Smoak, PA

(Firm/Company)

1000 N. Ashley Drive, Suite 500

(Address)

Tampa, Florida 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul U. Chistolini

(Name of Person)

at (813) 221-1331

(Area Code & Daytime Telephone Number)

Enclosed is a check 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I - NAME

The Name of the Limited Liability Company is:

NTMI, LLC

ARTICLE II - ADDRESS

Principal Office Address:

NTMI, LLC
518 Longmeadow Street
Celebration, Florida 34747

Mailing Address:

NTMI, LLC
518 Longmeadow Street
Celebration, Florida 34747

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE**

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

Paul U. Chistolini
1000 N. Ashley Drive, Suite 500
Tampa, Florida 33602

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 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 in Chapter 608, Florida Statutes.



Registered Agent, Paul U. Chistolini

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ARTICLE IV - MANAGING MEMBERS

Title: ("MGRM" = Managing Member) **Name and Address:**

MGRM	Christine L. Ford 518 Longmeadow Street Celebration, Florida 34747
MGRM	David A. Ford 518 Longmeadow Street Celebration, Florida 34747
MGRM	Timothy J. Graham 518 Longmeadow Street Celebration, Florida 34747
MGRM	Tracy E. Graham 518 Longmeadow Street Celebration, Florida 34747
MGRM	Sandy Harper 518 Longmeadow Street Celebration, Florida 34747

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ARTICLE V - EFFECTIVE DATE

These Articles of Organization will become effective upon filing with the Secretary of State.

REQUIRED SIGNATURE:



Paul U. Chistolini, Authorized Representative
of Managing Members

(In accordance with §608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)