Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : 120030000043

: (800)342-9856

Phone

: (800)354-3381

Fax Number

ATIONAL DEVELOPE	ERS GROUP, 1
Certificate of Status	0
Certified Copy	0
age Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 2 4 2006

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ARTICLE I - N The name of the	lame: Limited Liability Compar	ry is: LLC "Limited Company" or their abbreviation "LLC," or "L.C.,")
NATIONAL DI	EVELOPERS GROUP	, LLC
(Must end with the we	ords "Limited Liability Company,"	"Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II -	Address:	
		the principal office of the Limited Liability Company
Principal Office	e Address;	Mailing Address:
144 Annapolis La	ane	144 Annapolis Lane
Rotonda West, F		Rotonda West, FL 33947
(The Limited Liability	y Company cannot serve as its own	stered Office, & Registered Agent's Signature: a Registered Agent. You must designate an individual or another
(The Limited Liability business entity with	Registered Agent, Regis y Company cannot serve as its own an active Florida registration.) ne Florida street address of	Registered Agent. You must designate an individual or another
(The Limited Liability business entity with	y Company cannot serve as its own an active Florida registration.)	Registered Agent. You must designate an individual or another
(The Limited Liability business entity with	y Company cannot serve as its own an active Florida registration.) The Florida street address of Rita Grant	Registered Agent. You must designate an individual or another
(The Limited Liability business entity with	y Company cannot serve as its own an active Florida registration.) The Florida street address of Rita Grant	Registered Agent. You must designate an individual or another f the registered agent are: Name
(The Limited Liability business entity with	y Company cannot serve as its own an active Florida registration.) The Florida street address of Rita Grant 144 Annapolis Lan	Registered Agent. You must designate an individual or another f the registered agent are: Name
(The Limited Liability business entity with	y Company cannot serve as its own an active Florida registration.) The Florida street address of Rita Grant 144 Annapolis Lan Florida street Rotonda West	Registered Agent. You must designate an individual or another If the registered agent are: Name Be eet address (P.O. Box NOT acceptable) PL 33947
(The Limited Liability business entity with	y Company cannot serve as its own an active Florida registration.) The Florida street address of Rita Grant 144 Annapolis Lan Florida street Rotonda West	Registered Agent. You must designate an individual or another f the registered agent are: Name eet address (P.O. Box NOT acceptable)

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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MGRM Rita Grant 144 Annapolis Lane Rotonda West, FL 33947 MGRM Joseph Deluca 1730 Multord Avenue, #6N Bronx, New York 10461 (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:	144 Annapolis Lane Rotonda West, FL 33947 Joseph Deluca 1730 Mulford Avenue, #6N
MGRM Joseph Deluca 1730 Mulford Avenue, #6N Bronx, New York 10481 (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business 90 days after the date of filing.) REOURED SIGNATURE:	Rotonda West, FL 33947 Joseph Deluca 1730 Mulford Avenue, #6N
MGRM Joseph Deluca 1730 Mulford Avenue, #6N Bronx, New York 10461 (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business 90 days after the date of filing.) REQUIRED SIGNATURE:	Joseph Deluca 1730 Mulford Avenue, #6N
1730 Mulford Avenue, #6N Bronx, New York 10461 (Use attachment if necessary) (Use attachment if necessary) (ICLE V: Effective date, if other than the date of filing:	1730 Mulford Avenue, #6N
1730 Mulford Avenue, #6N Bronx, New York 10461 (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:	1730 Mulford Avenue, #6N
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Signature of a member or an authorized representative of a member.	•
Signature of a member or an authorized representative of a member.	to Quent
	r an authorized representative of a member
(In accordance with secti of this document constitu	

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