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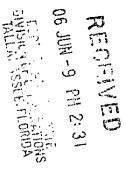
(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Nittany-	Noles, UCC	TALL THASSEE. FLOWER
		Art of Inc. File LTD Partnership File Foreign Corp. File
	•	L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File
		RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy
		Photo Copy Certificate of Good Standing Certificate of Status
		Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search
Signature		Fictitious Owner Search Vehicle Search Driving Record
Requested by: Name	$\frac{L}{Date} = \frac{\frac{2.30}{7}}{\frac{2.30}{1}}$	UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval
Walk, In	Will Pick Up	Courier

प्रदेश सम्बद्धाः । राज्यमुक्तान वृद्धमुक्तमुक्तम् । १९०१ चनानः । १९५५ म्यून्यपूर्णमुक्तमुक्तमुक्तम् । १८०५ १५ ५० ५० ५० मध्यस्य

ARTICLES OF ORGANIZATION OF NITTANY-NOLES, LLC

ARTICLE I

The name of the limited liability company is Nittany-Noles, LLC, ("company").

ARTICLE II

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

Principal Office Address:

Mailing Address:

5213 Oak Drive

5213 Oak Drive

Marianna, Florida 32446

Marianna, Florida 32446

THE PROPERTY.

ARTICLE III

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

Mark Raymond Akerson 5213 Oak Drive Marianna, Florida 32446

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.

Mark Raymond Akerson

ARTICLE IV

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

Name and Address

Title:

"MGR" = Manager
"MGMR" = Managing Member

Cathleen Akerson

MGR

5213 Oak Drive

Marianna, Florida 32446

Sabrina Spence

MGR

2855 Magnolia Blossom Lane

Marianna, Florida 32446

Mark Akerson

MGMR

5213 Oak Drive

Marianna, Florida 32446

John Spence

MGMR

2855 Magnolia Blossom Lane Marianna, Florida 32446

ARTICLE V

The effective date of the company shall be the date of filing and shall continue in existence until it is dissolved in accordance with the provisions of the operating agreement, or, if there is no operating agreement governing the duration of the company, then in accordance with Chapter 608 of the Florida Statutes, or other applicable laws.

ARTICLE VI

The purpose for which this Limited Liability Company is formed is to transact any and all lawful business for which Limited Liability Companies may be formed under the Florida statutes, including the power to invest in real estate, mortgages, stocks, bonds, and any other type of investment, and to own real or personal property necessary or appropriate to facilitate and promote the best business interests of the company.

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.)

MARK AKERSON

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY NITTANY-NOLES, LLC, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

- 1. The name of the Limited Liability Company is NITTANY-NOLES, LLC.
- 2. The name and the Florida street address of the registered agent and office are:

Mark Raymond Akerson 5213 Oak Drive Marianna, Florida 32446

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, Florida Statutes.

Mark Raymond Akerson (Registered Agent)