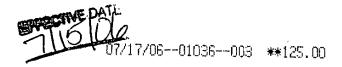
L06000071756

(Danisahada Nama)					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Only) Control of the					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
·					
Certified Copies Certificates of Status					
·					
Special Instructions to Filing Officer					
(<i>() /</i> / ' '					
M UC					

Office Use Only



200077468432



06 JUL 17 PM 4: 10

SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: NFP H	OLDINGS LLC			
	(Name of Limite	d Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
ADELSON	RAMOS			
	(1	Name of Person)		
NFP HOLD	INGS LLC			
(Firm/Company)				
929 RIDGEWOOD AVENUE				
		(Address)		
HOLLY HI	LL, FL 32117		•	
(City/State and Zip Code)				
For further information	concerning this matter, please	call:		
ADELSON RAMO	os Os	at (386) 212-596	7	
(Name of Person)		(Area Code & Daytime Te	elephone Number)	
Enclosed is a check for	or 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is	: DATE			
	11610a			
UED HOLDINGO LLO	The same			
NFP HOLDINGS LLC Must end with the words "Limited Liability Company, "Limit	ALCON MANAGEMENT OF THE COMMENT OF T			
Must end with the words "Limited Liability Company, "Limit	red Company" or their abbreviation "LLC," or "L.C.,")			
ARTICLE II - Address:				
	rincipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
OO DIDOEWOOD AVENILE	OCO DIDOCIMOOD AVENIUE			
29 RIDGEWOOD AVENUE	929 RIDGEWOOD AVENUE			
IOLLY HILL, FL 32117	HOLLY HILL, FL 32117			
				
	•			
ARTICLE III - Registered Agent, Registered	d Office, & Registered Agent's Signature:			
The Limited Liability Company cannot serve as its own Regis				
business entity with an active Florida registration.)				
The name and the Florida street address of the	registered agent are:			
the name and the Florida succi address of the	registered agent are.			
ADELSON RAMOS				
Name				
020 BIDGEWOOD AVENU	IE			
929 RIDGEWOOD AVENUE				
riorida street ad	dress (P.O. Box <u>NOT</u> acceptable)			
HOLLY HILL	FL 32117			
City, State,	and Zip			
Having been named as registered agent and to	accept service of process for the above stated limited			
	this certificate, I hereby accept the appointment as			
	ty. I further agree to comply with the provisions of all			
	erformance of my duties, and I am familiar with and			
	istered agent as provided for in Chapter 608, F.S			
The state of the plant of the p	and the mount of provinces joi in company to on, I thin			

(CONTINUED) Page 1 of 2

ent's Signature (REQUIRED)

DIVISION OF CORPORATIONS

06 JUL 17 PH 4: 10

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MOMP	4B5100N D4M00	
MGMR	ADELSON RAMOS	
	929 RIDGEWOOD AVENUE	
	HOLLY HILL, FL 32117	
MGMR	MELBA C RAMIREZ	
	929 RIDGEWOOD AVENUE	
	HOLLY HILL, FL 32117	
	and reference or the	
		
(Use attachment if necessary)		

ARTICLE V: Effective date, if other than the date of filing: JULY 15, 2006 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)



(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.)

ADELSON RAMOS

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 Certificate of Status (Optional)

06 JUL 17 PH 4: 10