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Special Instructions to	Filing Officer:				
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE FLORIN

W6-95522

# **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: NT PR	OPERTIES, LLC (Name of Limite	d Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
ANTHONY	COLANGELO		
<del></del>	(	Name of Person)	
		Firm/Company)	· <u>-</u> 2
404431.5		Time Company)	ECRI B6 A1
1941 N. L	DIXIE HWY., #7	(Address)	HAS 2
	•	(Address)	9 F
POMPAN	IO BEACH, FLORII		<u> </u>
	(City	/State and Zip Code)	29 PM 12: 05 MRY OF STATE ASSEE.FLORID
For further information	concerning this matter, please	call:	7
ANTHONY COL	ANGELO	at (_954) 298-897	
(Nam	e of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check f	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 Address Registration Section Division of Corporatio 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:			
NT PROPERTIES, LLC  (Must end with the words "Limited Liability Company, "Limited	[Company" or their appreviation "[[C" or "[C"]		
	Company of their abbreviation LEC, of E.C.,		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1941 N. DIXIE HWY., # 7	1941 N. DIXIE HWY., #7		
POMPANO BEACH, FLORIDA 33064	POMPANO BEACH, FLORIDA 33064		
	POMPANO BEACH, FLORIDA 33064 SR		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	red Agent. You must designate an individual or mother		
ANTHONY COLANGELO			
Name			
1941 N. DIXIE HWY., #.7			
Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)		
POMPANO BEACH	FL 33064		
City, State, ar	nd Zip		
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S		

(CONTINUED) Page 1 of 2

Begistered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

	<u>Title:</u>		Name and Address:	
	"MGR" = Manag "MGRM" = Man			
	MGR M		NICK FORNABAIO	
			1941 N. DIXIE HWY., # 7	
		•	POMPANO BEACH, FLORIDA 33064	
			<del> </del>	<u> </u>
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	(Use attachment	if necessary)		
ARTI	CLE V: Effective	date, if other than the da	te of filing:	(OPTIONAL)
	effective date is lis 90 days after the da		pecific and cannot be more than five b	usiness days prior
to or :	ou days after the da	ate of ming.)		
	REQUIRED SI	CNATURE 11		
	<u>KEQUIKED</u> SK		$-\Lambda\Lambda\Lambda$	
		Mhou	1 Johnson	
		Signature of a member	r an authorized representative of a member	<del>.</del>
		(In accordance with sect of this document constitut that the facts stated here	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury ein are true.)	ı
		ANTHONY COLANGEL		
		Турес	d 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)