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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: DENNIS L. HORTON, P.A.

Account Number : I20000000172

Phone Fax Number : (352)394-4008 : (352)394-5805

F1 :: 184	OIVISION OF CORPORATION.	DA/FOREIGN LIMITED LIABILITY CO. Nancy H. Cummings, LLC		
06 SEP -8		Certificate of Status	0	
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ARTICLES OF ORGANIZATION OF NANCY H. CUMMINGS, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I Name

The name of the Limited Liability Company is NANCY H. CUMMINGS, LLC.

ARTICLE II Address

The mailing address and street address of the principal office of the Limited Liability Company is 1936 Bluff Oak St., Apopka, FL 32712.

ARTICLE III Purpose

The purpose for which this limited liability company is organized is to transact any and all lawful business for which limited liability companies may be organized under the laws of the State of Florida, and to have all powers which are afforded limited liability companies under the laws of the State of Florida.

ARTICLE IV Duration

The duration of this limited liability company shall be perpetual.

ARTICLE V Initial Members

The number of members of this limited liability company is one (1).

ARTICLE VI Management

The company will be managed by the following member only: CUMMINGS, 1936 Bluff Oak St., Apopka, FL 32712.

SECRETARY OF STATE DIVISION OF CORPORATION OF CORPORATION OF CORPORATION OF SEP -8 AMII: 01

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ARTICLE VII Registered Agent and Registered Office

The name and the Florida street address of the initial registered agent are NANCY H. CUMMINGS, 1936 Bluff Oak St., Apopka, FL 32712.

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

STATE OF FLORIDA COUNTY OF LAKE

The foregoing instrument was acknowledged before me on September 7. 2006, by NANCY H. CUMMINGS, as Member/Manager of NANCY H. CUMMINGS, LLC, who produced ft D/L CSS2-63-884-0 for identification.

Notary Pub

LILA L MORRISON
MY COMMISSION # DD 587606
EXPIRES: September 7, 2010
Bonded Thru Notary Public Underwritere

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

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

ARY OF STATE CORPORATION

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