

LOB0000099253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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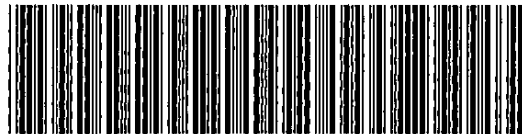
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FAIRFAX DUVAL, LLC.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EMMANUEL N. CHIOMA  
(Name of Person)

NGOZI, INC.  
(Firm/Company)

6224 OAKDALE AVENUE  
(Address)

OAKLAND, CA 94605  
(City/State and Zip Code)

For further information concerning this matter, please call:

EMMANUEL N. CHIOMA at ( 510 ) 569-4457  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

2006-10-03 13:03

10/03/2008 11:32 FAX 510 465 4943

10/02/2008 14:48 FAX 17023453473

lex fax

CSC Integrated Payments  
ACS

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P 3/3

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FAIRFAX DUVAL, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

17888 67th COURT NORTH

LOXAHATCHEE, FL 33470

**Mailing Address:**

17888 67th COURT NORTH

LOXAHATCHEE, FL 33470

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

INCorp SERVICES, INC

Name

17888 67TH COURT NORTH

Florida street address (P.O. Box NOT acceptable)

LOXAHATCHEE

FLORIDA 33470

City, State, and Zip

*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..*

*Amber Norrison, on behalf of Incorp Services, Inc.*

Registered Agent's Signature

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

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

**Title:**

"MGR" = Manager "MBR" = Member  
"MGRM" = Managing Member

**Name and Address:**

MGRM

NGOZI, INC.

450 HILLSIDE DRIVE BLDG B STE 200  
MESQUITE, NV 89027

MBR

CHIOMA, FLP

450 HILLSIDE DRIVE BLDG B STE 200  
MESQUITE, NV 89027

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested

**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.)

EMMANUEL N. CHIOMA

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)