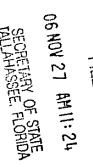


(Re	questor's Name)				
(Ad	dress)				
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PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Name)			
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Certified Copies	_ Certificates o	f Status			
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COVER LETTER

TO:		gistration S vision of Co	ection orporations			
SUB.	JECT:	NFB, L	LC			
			(Name of Limite	d Liability Company)		
The e	nclose	d Articles o	of Organization and fee(s) are s	ubmitted for filing.		
Pleas	e returi	all corres	pondence concerning this matte	er to the following:		
	W.	Ben St	ewart, Esq.			Ge C
			(Name of Person)	P	OF NON 27 AM 11: 24 SECRETARY OF STATE SECRETARY OF FLOAD
		· · · · · · · · · · · · · · · · · ·				題召官
				(Firm/Company)		殿里
	<u>595</u>	Bay I	sles Road, Suite.#			FOST 1:2
	l or	aboot	Kov El 24219	(Address)		学
	LOI	guoat	Key, FL 34218 (City	/State and Zip Code)		-
For fi	ırther iı	nformation	concerning this matter, please	call·		
				van.		
W. E	Ben S	tewart,		at (941) 448-4950		
		(Name	e of Person)	(Area Code & Daytime Te	lephone Number)	
Enclo	sed is	a check fo	or the following amount:			
\$12	5.00 F	iling 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. Boy 6327	Street/Courier Address Registration Section Division of Corporation		

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:
NFB, LLC	
(Must end with the words "Limited Liability Company, "Li	mited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	main aimal affice of the Limited Linkiller Communication
The maning address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2329 Pine Terrace	2329 Pine Terrace
Sarasota, FL 34231	Sarasota, FL 34231
	000
	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another SECOND 27 e registered agent are:
Nar	ne Ditt
595 Bay Isles Road, Suit	te. #125
Florida street	address (P.O. Box <u>NOT</u> acceptable)
Sarasota, FL 34231	FL
City, Stat	e, and Zip
liability company at the place designated i	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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" = Man "MGRM" = M	ager anaging Member			
MGRM		EREZ BACK		
		2329 Pine Terrace	•	
		Sarasota, FL 34231		
MGR		W. Ben Stewart, Esq.	_	
		595 Bay Isles Road, Suite. #125	ಕ್ಯೂ ಹಿ	
		Sarasota, FL 34231	F8 8	
			06 NOV 27 SECRETAR TAILAHASS	
			BY OF STATE	
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	de novembro de la compansión de la compa	· · · · · · · · · · · · · · · · · · ·		<u> </u>
		-		
A loo attachman	at if management			
(Use attachmen	it it necessary)			
	isted, the date must be	date of filing: November 20, 2006. (OPTIO e specific and cannot be more than five business of	•	
REQUIRED S	IGNATURE:			
		0/5/2)	
	Signature of a membe	r or an authorized representative of a member.		
	(In accordance with sec of this document consti that the facts stated h	etion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury erein are true.)		

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)

Typed or printed name of signee