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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Se Division of Con			
SUBJECT:	N(kk: G (Name of Limit	ed Liability Company)	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
	Mikki G	(Name of Person)	
		(Firm/Company)	<del></del>
	Po Box		
		(Address)	
<u> </u>	Land Olax	<u>u 4 34 639</u> ty/State and Zip Code)	
For further information	concerning this matter, pleas	- ,	O7 JAN -8 PM 1:26  SECPETIFIC OF STATE PARTILISM SECURIDA
Larry	Pusch of Person)	at (813) 991-1777 (Area Code & Daytime Telephone Num	;if P
/(Name	of Person)	(Area Code & Daytime Telephone Num	par) SER
Enclosed is a check for	or the following amount:		DA 26
፟ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificat (additional copy is enclosed) Certified	00 Filing Fee, e of Status & Copy copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations 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 Compar	ly is:
Nikki GL	
(Must end with the words "Limited Liability Company,"	"Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3106 Ranch PL	P3 Box 766 Fm 9
5-64-4-4:112 El 33201	Land 3 Lakes +1 34639 &
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another.
The name and the Florida street address of	The registered agent are:
	Veriber Name
	eet address (P.O. Box <u>NOT</u> acceptable)
Lut 2 City, S	FL 33559
Having been named as registered agent ar	nd to accept service of process for the above stated limited

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managin	Name and Address:	
MGRM	Tropical Jade UC po Box 2452 Lutz FI 33548	
(Use attachment if ne CLE V: Effective date, effective date is listed, 0 days after the date o	if other than the date of filing:( the date must be specific and cannot be more than five but	OPTIONA usiness day
CLE V: Effective date, effective date is listed,	if other than the date of filing:( the date must be specific and cannot be more than five bu f filing.)	
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CLE V: Effective date, effective date is listed, days after the date of REQUIRED SIGNATION Sign (In of the control of the cont	if other than the date of filing:	
CLE V: Effective date, effective date is listed, 0 days after the date of REQUIRED SIGNATION Sign (In of the control of the co	if other than the date of filing:	

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