

L070000006999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

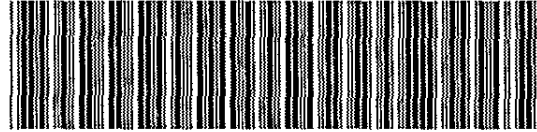
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100084610211

01/18/07--01026--018 \*\*130.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JAN 18 PM 1:23

J. BRYAN JAN 19 2007.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NETTHINK 21, 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:

ANTHONY M. ROMANO  
(Name of Person)

NETTHINK 21, LLC  
(Firm/Company)  
7040 WEST PALMETTO PARK ROAD  
UNIT #4, SUITE 663  
(Address)

BOCA RATON, FL 33433-3461  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANTHONY M. ROMANO (561) 809-2252  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
07 JAN 18 PM 1:23

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NETTHINK 21, LLC

(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 the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

7040 WEST PALMETTO PARK RD  
UNIT #4, SUITE 663  
BOCA RATON, FL 33433-3461

7040 WEST PALMETTO PARK RD.  
UNIT #4, SUITE 663  
BOCA RATON, FL 33433-3461

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ANTHONY M. ROMANO  
Name  
7040 WEST PALMETTO PARK ROAD  
UNIT #4, SUITE 663  
Florida street address (P.O. Box NOT acceptable)  
BOCA RATON FL 33433-3461  
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, F.S.*

Anthony M. Romano  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
07 JAN 18 PM 1:24

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

**Name and Address:**

ANTHONY M. ROMANO  
7040 WEST PALMETTO PARK ROAD  
UNIT #4, SUITE 663  
BOCA RATON, FL 33433-3461

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JAN 18 PM 1:24

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Anthony M Romano  
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.)

ANTHONY M. ROMANO  
Typed 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)