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PICK-UP	TIAW	MAIL
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Special Instructions to	Filing Officer:	
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SECRETAR (DT STATE
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: F	Name of Limited	IN VESTIME 1 Liability Company)	NTS L.L.C.
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspo	ndence concerning this matte	r to the following:	
<u> </u>	ed Golds	Name of Person)	
<i>F</i>	AND N I	FIM/Company)	5 2.2.0
	844 FALL	Address)	Mades o
	-Wests	√ F(- 3) (State and Zip Code)	Sold Chelland Chellan
For further information c	oncerning this matter, please	-	AM II: 02
Fred Gla	1stein	at ()54 6/0 (Area Code & Daytime To	-3/82 Elephone Number)
Enclosed is a check for			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155,00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "Limited	NUESTMENTS L.L.C. Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
RYY Falling CATER RI West to w Fi 33326 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered)	
business entity with an active Florida registration.)	PART TO MINIST CONFIGURE AN INCAVIDATION OF AUGUST 1
The name and the Florida street address of the re	gistered agent are:
Fred Gold Name	
844 Falli Florida street addi	ess (P.O. Box NOT acceptable)
City, State, ar	FL 3430 b d 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..

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:

<u>Title;</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGR	FRED Golds TE, N 844 FALLING GATER ED. Ges TO- Spe. 73326
MGR	NANCY Golds 18 in 844 FAII'M UNTER ROS. Wes to J. Se. 23326
(Use attachment if necessary)	
ARTICLE V: Effective date, if other the (If an effective date is listed, the date is to or 90 days after the date of filing.) REQUIRED SIGNATURE:	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior
\mathcal{I}	O Ship of
Signature of a	member or an authorized representative of a member.
of this documer	with section 608,408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.)
<u> </u>	Typed or printed name of signee
Filing Fees:	DE 12

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)