

# W07 0000 33179

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

nc designs llc

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**ARTICLES OF ORGANIZATION**  
**OF**  
**NC DESIGNS LLC**  
**A Florida Limited Liability Company**

**ARTICLE I-NAME**

The name of the Limited Liability Company is:

**NC DESIGNS LLC**

**ARTICLE II-ADDRESS:**

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

**PRINCIPAL OFFICE ADDRESS:**

16350 MALIBU DR. WESTON, FL. 33326

**MAILING ADDRESS:**

16350 MALIBU DR. WESTON, FL. 33326

**ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:**

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

**NORMA SIERRA**  
(NAME)

**16350 MALIBU DR.**  
FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

**WESTON, FLORIDA 33326**  
CITY, STATE, AND ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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 SIGNATURE

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**ARTICLE IV-MANAGEMENT MEMBER(S):**

The name(s) and address (es) of each Manager or Managing Member is as follows:

Title:

Name and address:


MGR= Manager

MGR= Manager

MGR= NORMA SIERRA

16350 MALIBU DR. WESTON, FLA. 33326.

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(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.)

**NORMA SIERRA**  
Typed or printed name of signed

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