# L0700007924/

(Re	questor's Name)	
(Ad	dress)	<u> </u>
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(City/State/Zip/Phone #)		
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Effective Date 07/31 /2007

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SECRETARY OF STALL DIVISION OF CORPORATIONS

T Hammiton AUC A 9 2007

### **COVER LETTER**

Registration Section

TO:

Division of Corporations	
SUBJECT: NAMV G	roup LLC
	ne of Limited Liability Company)
The enclosed Articles of Organization and	fee(s) are submitted for filing.
Please return all correspondence concernit	ng this matter to the following:
Nancy A.M. Vaughn	
	(Name of Person)
NAMV Group, LLC	
	(Firm/Company)
9025 Iron Oak Avenu	e
	(Address)
Tampa, FL 33647	
	(City/State and Zip Code)
For further information concerning this ma	atter, please call:
Nancy A.M. Vaughn	at (_813) 451-6750
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following a	amount:
\$125.00 Filing Fee \$130.00 Filin Certificate of	
Mailing Addre Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FI	rtion Registration Section rporations Division of Corporations Clifton Building

## Effective Date 07/31/2007

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
NAMV Group LLC				
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address:				
The mailing address and street address of	the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
9025 Iron Oak Avenue	9025 Iron Oak Avenue			
Tampa, FL 33647	Tampa, FL 33647			
	stered Office, & Registered Agent's Signature:  n Registered Agent. You must designate an individual or another			
The name and the Florida street address of	f the registered agent are:			
Nancy A.M. Vau	ghn			
	Name			
9025 Iron Oak A	venue			
Florida str	eet address (P.O. Box <u>NOT</u> acceptable)			
Tampa, FL 3364	47 <sub>FL</sub>			
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 OT ALC LAMIL IC

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

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

₹	Nancy A.M. Vaughn
	9025 Iron Oak Avenue
	Tampa, FL 33647
9R	Leonard Vaughn, Jr.
	9025 Iron Oak Avenue
	Tampa, FL 33647
<u> </u>	
Jse attachment if necessary)	

ARTIC (If an e to or 90 day

#### **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.)

Nancy A.M. Vaughn

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)