## 

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	<del>; #)</del>			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
1207 III 1500					







10/10/07--01003--020 \*\*160.00

## **COVER LETTER**

TO:

TO:		istration So ision of Co	ection orporations			
SUBJI	ECT:	NINAL	I HOMES LLC (Name of Limite	d Liability Compa	any)	
The en	closed	Articles o	of Organization and fee(s) are s	ubmitted for filing	g.	
Please	return	all corresp	condence concerning this matte	er to the following	;:	
	MAI	RSHA I	E. GARCIA-COLES			
		· · · · · · · · · · · · · · · · · · ·	(	Name of Person)		
	NIN	ALI HC	MES LLC			
			(	(Firm/Company)		
	291	2 TAR	PON DRIVE			
				(Address)		, , , , , , , , , , , , , , , , , , , ,
	MIF	AMAF	R, FL 33023			
	<del></del>		(City	/State and Zip Code	<del>;</del> )	· · · · · · · · · · · · · · · · · · ·
For fur	ther in	formation	concerning this matter, please	call:		
MAR	SHA	E. GAI	RCIA-COLES	at ( 954	981-585	9
	(Name of Person) (Area Code & Daytime Telephone Number)		elephone Number)			
Enclos	sed is	a check fo	or the following amount:			
\$125	5.00 F	iling Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy)	у	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 18, 2007

MARSHA E. GARCIA-COLES 2912 TARPON DRIVE MIRAMAR, FL 33023

SUBJECT: NINALI HOMES, LLC Ref. Number: W07000046029

We have received your document for NINALI HOMES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 507A00054894

Leslie Sellers Document Specialist

Division of Comparations DO DOV 6297 Tallahaggas Florida 20214

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
The name of the Billion Blashing Con	ipuly 15.			
NINALI HOMES LLC				
(Must end with the words "Limited Liability Compa	any, "Limited Company" or their abbreviation "LLC," or "L.C.,")			
ARTICLE II - Address:				
· · · · · · · · · · · · · · · · · · ·	of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
2912 TARPON DRIVE	2912 TARPON DRIVE			
MIRAMAR, FL 33023	MIRAMAR, FL 33023			
	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another			
The name and the Florida street addres	s of the registered agent are:			
MARSHA E. GARCI	A-COLES			
<del></del>	NT			

Name

2912 TARPON DRIVE

Florida street address (P.O. Box NOT acceptable)

MIRAMAR FL 33023

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 2007 OCT -2 PH 2: 23
SECRETARY OF STATE

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

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

Title:	Name and Address:				
"MGR" = Mana "MGRM" = Ma	ager anaging Member				
MGR	MARSHA E. GARCIA- COL	ES			
	2912 TARPON DRIVE				
	MIRAMAR, FL 33023				
MGR	JOHN A. COLES				
	2912 TARPON DRIVE				
	MIRAMAR, FL 33023				
<del></del> -		<del> </del>			
	***************************************	· · · · · · · · · · · · · · · · · · ·			
	<del></del>				
f an effective date is li or 90 days after the o	e date, if other than the date of filing:	(OPTIONAL) than five business days prior			
<u>REQUIRED</u> S	IGNATURE:				
	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.)				
	MARSHA E. GARCIA-COLES				
	Typed or printed name of signee				
Filing Fee	MI:				

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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