

L07000114727

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SECRETARY OF  
DIVISION OF CORPORATIONS

T Hampton



**Carole L. Keel, Paralegal**  
Goldberg Simpson, PSC  
9301 Dayflower Street  
Louisville, KY 40059  
Telephone (502) 589-4440  
Facsimile (502) 581-1344  
ckeel@goldbergsimpson.com

Florida Department of State  
Registration Section  
Division of corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: NIWAJA, LLC

Dear Clerk:

Enclosed please find an original and copy of the Articles of Organization for the above-referenced entities along with a check in the amount of \$125.00. Please record and return the filed document to my attention in the enclosed envelope.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

GOLDBERG SIMPSON, PSC

A handwritten signature in cursive script that reads "Carole L. Keel".

Carole L. Keel

enclosure

clk/

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

NIWAJA, 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:

2540 Taxiway Echo  
Port Orange, FL 32128

#### Mailing Address:

2540 Taxiway Echo  
Port Orange, FL 32128

### 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:

Jeffrey J. Reynolds

Name

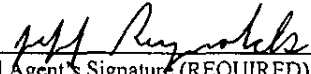
2540 Taxiway Echo

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

Port Orange FL 32128

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)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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The name and address of each Manager or Managing Member is as follows:

**Name and Address:**

"MGRM" = Managing Member

Port Orange, FL 32128

**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.)

Signature of a member or an authorized representative of a member.

Jeffrey J. Reynolds

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